



# Turtle Mountain Community College

10145 BIA Road 7  
PO Box 340  
Belcourt, North Dakota 58316

## Title IX Incident Report Form

### Reporter Information (Leave Blank If Anonymous)

First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Student I.D. (if student): \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Address: \_\_\_\_\_

### Complainant Information

First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Student I.D. (if student): \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Address: \_\_\_\_\_

### Academic Status

- Current Student
- Non-Student, please explain: \_\_\_\_\_
- Other

### Respondent Information

First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Address: \_\_\_\_\_

### Academic Status

- Current Student
- Non-Student, please explain: \_\_\_\_\_
- Other

*If identity is unknown, please complete the following*

Gender:  Male  Female

Physical description: (as much detail as possible; height, weight, tattoos, scars, skin pigment, hair color, facial hair, clothing, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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