Moberly Area Community College
Sexual Misconduct Report

Reporting sexual misconduct helps MACC in investigating and redressing the issue to ensure that the College’s community is a safe and productive learning and living environment. In addition to completing this form, you are encouraged to speak to MACC’s Title IX Coordinator regarding the incident. You do, however, have the option to report sexual misconduct anonymously by omitting identifying information on this form. Note that reporting an incident anonymously may present challenges in the investigation. All submissions are reviewed and investigated. MACC’s complete Sexual Misconduct Policy can be found at www.macc.edu/titleix. Information that must be reported under the Clery Act or information pertaining to the safety of the College community will be shared with the Director of Security and Residential Life.

Your Information (optional):
First and last name: ____________________________________________
E-mail address: ________________________________________________
Cell phone: ___________________________________________________

I am reporting this information as a:
☐ Complainant (alleged victim of sexual misconduct)
☐ Witness to sexual misconduct
☐ A sexual misconduct incident that was discussed with me or reported to me

Incident Information
Date of incident: _______________________________________________
Time of incident: ______________________________________________
Location of incident:
☐ MACC-Columbia ☐ MACC-Mexico
☐ MACC-Edina ☐ MACC-Moberly
☐ MACC-Hannibal ☐ Off Campus
☐ MACC-Kirkville ☐ Unsure
☐ MACC-Macon

Type of Incident (check all that apply):
☐ Dating violence ☐ Sexual assault
☐ Domestic violence ☐ Sexual exploitation
☐ Hostile work environment ☐ Sexual harassment
☐ Intimidation ☐ Stalking
☐ Retaliation ☐ Unsure

Please describe details of the incident (attach additional pages as necessary):

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

Complainant (Alleged Victim) Information
Gender of the complainant: ☐ Male ☐ Female
The complainant is:
☐ MACC student
☐ MACC employee
☐ Non-student/non-employee
☐ Unsure

Respondent (Alleged Offender) Information
Gender of the respondent: ☐ Male ☐ Female
The respondent is:
☐ MACC student
☐ MACC employee
☐ Non-student/non-employee
☐ Unsure

List any other individuals involved:

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

By submitting this report, I understand that it will be reviewed and investigated. I also pledge that the information I have presented in this report is accurate to the best of my knowledge. Submit this form to:
Cheryl Lybarger, Title IX
Career Center, Room C18
Moberly Area Community College
101 College Avenue
Moberly, MO 65270
Phone: 660-263-4100, ext. 11369
cherylylbarger@macc.edu