



Today's Date: _____
[] advocate filed report

Originating office/program _____

Southern Oregon University Anonymous Sexual Misconduct Report Form

This form is available to SOU students, faculty, and staff to provide information about interpersonal misconduct that may not have been reported to police or campus authorities. Legal or university disciplinary action cannot be initiated by this form alone. You have the right to fill this form out anonymously (no identifying information) and to use only the information that you feel comfortable providing.

I am the:

- survivor/victim
- survivor's friend, family member, or partner
- survivor's advocate
- assailant/perpetrator
- other (please describe) _____

When did the assault occur?

date _____ approximate time _____ the assault occurred: [] once [] more than once

Incident is best described as (check all that apply):

- sexual assault (sexual contact without consent)
- sexual harassment (unwanted sexual behavior, name calling, teasing, etc.)
- stalking (unwanted following, calling, contacting by a person who has been told to stop)
- intimate violence (physical, emotional, financial, and/or sexual violence, within a dating or domestic relationship)
- public indecency (exposing one's genitals, flashing, mooning, etc.)
- acquaintance rape (unwanted intercourse or penetration into an orifice by a known person)
- stranger rape (unwanted intercourse or penetration into an orifice by an unknown person)
- other _____

Where did the assault occur? (Check all that apply)

- on campus off campus within city limits
- campus housing victim/survivor's home on a public street
- academic housing assailants home in a public park
- dark location at someone else's home parking lot
- well-lit location remote location other
- if you wish, specify the location (Greensprings, Library, etc.) _____

The victim/survivor is:

Age: [] under 18** [] 18-24 [] 24-30 [] over 30
 Gender: _____
 Status: [] SOU student [] SOU faculty member [] SOU staff member
 [] Person not affiliated with SOU [] Other _____

**checking this box may trigger mandatory reporting requirements if the victim's identity is revealed to an advocate.

The assailant/perpetrator(s) is:

Indicate # of perpetrators if applicable _____
 Age: [] under 18 [] 18-24 [] 24-30 [] over 30
 Gender: _____
 Status: [] SOU student [] SOU faculty member [] SOU staff member
 [] Person not affiliated with SOU [] Other _____



Victim/survivor's relationship to Assailant/perpetrator:

- victim did not know the assailant (stranger)
- victim knew the assailant (ex: roommate, employer, date, friend, etc.) Specify: _____

Type of force used by the assailant/perpetrator(s): (check all that apply):

- verbal pressure
- intimidation and coercion
- threat of emotional harm
- threat of physical harm
- use of physical force (hitting, holding, pushing, slapping, etc.)
- abuse of position of authority (supervisor, faculty, staff, etc.)
- abuse of state of consciousness of the victim (victim is not coherent, unable to consent)

Use of drugs or alcohol:

- assailant/perpetrator was under influence of drugs
- assailant/perpetrator was under influence of alcohol
- unknown if the assailant/perpetrator was under the influence
- perpetrator was not under the influence

- victim/survivor was under the influence of alcohol
- victim/survivor was under the influence of drugs
 - If so, did the victim take drugs voluntarily? Yes No
 - If no, can you specify the type of drug? _____
- unknown if victim/survivor was under the influence
- victim/survivor was not under the influence

Has the victim/survivor: (check all that apply)

Even if you are not considering prosecution, you should seek professional counseling for reasons of mental health, and see a physician for a physical exam who can ensure your health, as well as assist you with medication such as emergency contraception.

- sought medical attention
- contacted a counseling agency
- reported the incident to the police
- reported the incident to the campus authorities
- told friends or family members about the incident

Optional: If you would like to be confidentially contacted regarding support for survivors, please provide information below and an advocate from the Women's Resource Center will contact you.

Name _____ Best way to contact you _____

Return this form to the Women's Resource Center (Stevenson Union, Underground).
For 24-Hour assistance, please call 779-HELP (4357).