



# *Anonymous Report Form*

## **Sexual Violence Incident**

<http://oregonstate.edu/sexualassault> \*\*

OSU Student Conduct Code defines Sexual Assault as any sexual contact that is unwanted or without consent.\*

### **Sexual Contact shall be considered unwanted or without consent if:**

- Inflicted when no clear consent is freely given.
- Inflicted through force, threat of force, or coercion.
- Inflicted on someone who is unconscious or otherwise without the physical or mental capacity to consent.
- Inflicted on someone who is intoxicated or impaired in the exercise of their judgment by alcohol or drugs.

\* This is not the same as the legal definition of sexual assault under Oregon law.

\*\* This form can also be completed online at the website listed above.

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## *Why would I complete this form?*

This information will be used to help enhance understanding of our campus climate so that we may strengthen sexual violence response and prevention efforts, as well as for statistical purposes. Survivors can also use this form to request support.

Please note: Completing this form does *not* constitute a police report nor a student conduct report. You will not be contacted by the university unless you indicate a desire to be contacted (you may request to be contacted at the end of this form).

## *Instructions*

Please tear off this page and keep it for your own reference. Then complete the following pages, place them in an envelope, and return by campus mail to the address printed on the form.

## *Survivor Resources*

### **24 Hour Corvallis Services**

**Center Against Rape & Domestic Violence (CARDV), 541-754-0110 or 800-927-0197**

Provides 24-7 confidential crisis response, hospital advocacy, hotline support, and support groups. Will help survivors whether or not they chose to report.

**Good Samaritan Emergency Department, 541-768-5021**

For immediate medical needs or to have forensic evidence collected if a survivor wants to report a sexual assault.

**Oregon State Police, 541-737-3010 or 911**

Responds to immediate safety concerns. Responds to violations of Oregon law, including sexual and interpersonal violence, which may lead to criminal proceedings.

### **On-Campus Services (available during business hours)**

**Sexual Assault Support Services (SASS), 541-737-7604, 5th Floor Snell Hall**

Provides confidential support and/or counseling for any OSU student who has experienced unwanted sexual contact or relationship violence. Also provides information and advocacy for survivors who choose to contact other agencies.

**Student Health Services, 541-737-9355, Plageman Building**

Provides services to address both short-term and long-term medical concerns.

**Office of Student Conduct & Community Standards, 541-737-3656, 3rd Floor Snell Hall**

Responds to violations of the student code of conduct by an internal university disciplinary process (this is separate from a criminal or civil hearing). Meetings are confidential and options will be provided.

*Sexual violence is never the fault of the survivor.*

*Every survivor is unique, and we support each survivor's choices for healing.*

**Anonymous Report Form**

**Today's Date:** \_\_\_\_\_

*If a survivor wishes for the assault to be recorded in university statistics, this section must be completed in full.*

**Information on the Survivor**

- Affiliation to OSU:  
(check all that apply)
- Undergraduate Student
  - Graduate Student
  - Faculty
  - Staff
  - Not affiliated
  - Unknown
  - Other: \_\_\_\_\_

**Gender:** \_\_\_\_\_

- Residence:  
(check all that apply)
- Residence Hall or Co-op
  - Fraternity
  - Sorority
  - Off-campus
  - Family Housing
  - Unknown
  - Other: \_\_\_\_\_

**At the time of assault:**

Do you believe you were under the influence of alcohol or drugs?  
If so, how much and what type?

\_\_\_\_\_  
\_\_\_\_\_

*Note: An incident does not have to involve coercion or force to be considered a student conduct violation. Reporting alcohol or drug use here will not result in any sanctions for the survivor. For information, contact the Office of Student Conduct & Community Standards.*

**Information on the Offender(s)** (i.e. person or people who committed the assault)

Number of offender(s): \_\_\_\_\_ Gender of the offender(s): \_\_\_\_\_ Age(s): \_\_\_\_\_

- Affiliation to OSU:  
(check all that apply)
- Undergraduate Student
  - Graduate Student
  - Faculty
  - Staff
  - Not affiliated
  - Unknown
  - Other: \_\_\_\_\_

- Residence:  
(check all that apply)
- Residence Hall or Co-op
  - Fraternity
  - Sorority
  - Off-campus
  - Family Housing
  - Unknown
  - Other: \_\_\_\_\_

- Offender's relationship to the  
assaulted person:  
(check all that apply)
- Partner or lover
  - Spouse
  - Ex-partner/ex-spouse/ex-lover
  - Colleague or coworker
  - Work Supervisor
  - Faculty or Teaching Assistant
  - Acquaintance
  - Met same day
  - Stranger
  - Other: \_\_\_\_\_

**At the time of assault:**

Was he/she under the influence of alcohol or drugs?  
If so, how much and what type?

\_\_\_\_\_  
\_\_\_\_\_

**Information on the Assault**

Date of assault: \_\_\_\_\_ Approximate time of assault: \_\_\_\_\_ a.m./p.m.

- Was coercion or force involved?  
(check all that apply)
- Verbal pressure
  - Intimidation or coercion
  - Threats to harm
  - Physical force (pushing, etc.)
  - Incapacitation due to drugs/alcohol
  - Abuse of authority (supervisor, etc.)
  - Presence of a weapon
  - Other: \_\_\_\_\_

- Does the survivor believe they were  
given a drug without their consent or  
knowledge?
- Yes
  - No
  - Unknown

- Location of assault:
- Residence Hall
  - Co-op
  - Family Housing
  - Sorority
  - Fraternity
  - Other: \_\_\_\_\_  
(please specify)

**Please give a description of the incident:**

If a survivor wishes for the assault to be recorded in university statistics, this section needs to be completed. Additional pages may also be attached.

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**Follow-up**

To your knowledge, has this incident been reported to the police or the Office of Student Conduct?

- Yes
- No
- Unknown

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- I would like to have the Sexual Assault Support Services Coordinator contact me. (This contact is confidential. You can receive further information about resources and options; counseling for survivors, their friends and support persons; and advocacy for survivors who choose to contact other agencies).

If so, please leave a name and phone number: \_\_\_\_\_

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If you would like to take further action by reporting to Oregon State Police and/or Student Conduct & Community Standards, please check the box(es) below and provide your contact information. Please note that your information will no longer remain anonymous if you do so.

- Please check here if you would like to be contacted by the Oregon State Police.
- Please check here if you would like to be contacted by the Student Conduct & Community Standards Office.

Name and phone number: \_\_\_\_\_

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\* Please put this form in an envelope and mail to the address listed below in order to protect your privacy.

**Sexual Assault Support Services (SASS)**  
5th Floor, Snell Hall  
Oregon State University  
Corvallis, OR 97331-1644  
**CAMPUS MAIL**