

Anonymous Sexual Violence Incident Report

Instructions: This form is intended to convey information needed to track the university's response to the incident being reported, as well as to assess the danger that the incident may represent to the campus community at large. All efforts must be made to maintain the survivor's anonymity; no information should be included which might identify the survivor, unless he or she asks you to do so. All information contained on this form will be kept confidential except in the case of an ongoing threat to the community that the University is obligated to address. Completing this form does NOT constitute a police report nor a student conduct report. The survivor will not be contacted by the university unless he or she indicates a desire to be contacted. If you have any questions, please contact the Advocates Program Coordinator at 229-5122 or if it is after hours, call the Sexual Violence Hotline at 244-5466.

Reporting Person's Information:

Name: _____ Department: _____

Date: _____ Phone: _____

Relationship to Survivor: _____

Survivor's Information: Gender: _____ Age: _____ Year: _____

Date & Time of Incident: _____ (if exact date/time unknown, please estimate)

Location of Incident: _____

Type of Assault: rape attempted rape relationship violence
 stalking sexual assault sexual misconduct

Were any of the following involved: knife gun other weapon
 force drugs alcohol
 threat of death abduction person asleep
 verbal coercion physical coercion other: _____

Additional Details: _____

Offender's Information: # of offenders: _____ Gender(s): _____ Age(s): _____

Affiliation with SLU: _____ Residence: _____

Relationship to Survivor: Partner or lover Ex-partner/spouse/lover Spouse
 Colleague Supervisor Faculty or TA
 Acquaintance Met same day Stranger
 Other: _____

Follow-Up Information:

What, if any, has the survivor used so far?

- | | | |
|--|--|--|
| <input type="checkbox"/> Sexual Violence Hotline | <input type="checkbox"/> Counseling Center | <input type="checkbox"/> Associate Dean's Office |
| <input type="checkbox"/> Advocates Program | <input type="checkbox"/> Safety & Security | <input type="checkbox"/> University Chaplain |
| <input type="checkbox"/> Health Services | <input type="checkbox"/> Dean's Office | <input type="checkbox"/> Faculty/Staff mentor |
| <input type="checkbox"/> Residence Life | <input type="checkbox"/> CAVA | <input type="checkbox"/> Renewal House |
| <input type="checkbox"/> Catholic Charities | <input type="checkbox"/> Canton Police Dpt | <input type="checkbox"/> REACHOUT Hotline |
| <input type="checkbox"/> Canton-Potsdam Hospital | <input type="checkbox"/> Other: _____ | |

Is there any other information the survivor wishes to share?



Please send this completed form in a sealed, stamped confidential, envelope to:
Advocates Program Coordinator, Diana B. Torrey '82 Health & Counseling Center
Or call 229-5122 for pick-up.