

Anonymous Report Form Sexual or Relationship Violence Incident

In order to understand the campus climate a plan an effective response to sexual and dating violence, we ask that you complete this form and mail to Portland State University-OSA, PO Box 751, Portland, OR 97207.

This form is used to gather information regarding the incidence of sexual and dating violence on and around our campus. It is not necessary for you to be the survivor to complete this information. If a group or individual is named, the University may need to take action.

Completing this form does NOT constitute a police report or a student conduct report. You will not be contacted by the university unless you indicate a desire to be contacted.

- To file an official report for criminal action, contact the Campus Public Safety Office at 503-725-4407.
- To file a student conduct report, contact the Office of Student Affairs at 503-725-4422.
- To file a sexual harassment complaint, contact Affirmative Action at 503-725-4417.

Primary Campus Resources:

Women's Resource Center
Interpersonal Violence Advocacy
503-725-5672
www.wrc.pdx.edu

Campus Public Safety Office
Police Response
503-725-4407
www.cpsp.pdx.edu

Office of Student Affairs
Student Conduct Code
503-725-4422
www.pdx.edu/osa

Student Health and Counseling
Confidential health and counseling
503-725-2800
www.shac.pdx.edu

Community Resources:

Portland Women's Crisis Line (24-hr):	503-235-5333
Sexual Assault Resource Center (24-hr):	503-640-5311
Planned Parenthood:	800-230-7526
Legal Aid Services:	503-648-7163
Multnomah Co. Mental Health Line:	503-988-4888
Multnomah Co. Victim Assistance:	503-988-3222
Non-Emergency Portland Police:	503-823-3333
Emergency:	911
Info/Referral for social services:	211

For more information on campus and community resources, please visit: www.wrc.pdx.edu

Follow Up

To your knowledge, has this incident been reported to the police, Campus Public Safety, Affirmative Action or the Office of Student Affairs?

- Yes No Unknown

If no, what were the reasons for not reporting?

If yes, please list agencies that received report:

What was the response or action?

Were you satisfied with this response?

- Yes No

What resources has the survivor used so far?

- | | |
|---|---|
| <input type="checkbox"/> Office of Student Affairs | <input type="checkbox"/> Affirmative Action |
| <input type="checkbox"/> Student Health Center | <input type="checkbox"/> Ombuds |
| <input type="checkbox"/> Counseling Center | <input type="checkbox"/> Portland Police |
| <input type="checkbox"/> Women's Resource Center | <input type="checkbox"/> Portland Women's Crisis Line |
| <input type="checkbox"/> Campus Public Safety | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Residence Assistant or Hall Director | _____ |

Was there anything that the survivor needed on campus that s/he did not receive?

If so, what?

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

Number of offender(s): _____ Gender of offender(s): _____

Affiliation to PSU:

- Undergraduate
- Graduate Student
- Post-Bac/ Quick Entry
- Faculty
- Staff
- Not Affiliated
- Unknown
- Other _____

Residence of offender(s):

- Residence hall (on-campus)
- Off-campus
- Unknown
- Other _____

Offender's relationship to the survivor:

(check all that apply)

- Intimate partner
- Ex-partner, ex-spouse
- Spouse
- Colleague or coworker
- Work supervisor
- Faculty member
- Staff
- Acquaintance
- Met same day, socially
- Met same day, not socially
- Stranger
- Other _____

Information on the Survivor**Gender:** _____ **Date of birth:** _____

Providing date of birth is a confidential means to differentiate incidents and reduce duplicate statistics.

Affiliation to PSU:

- Undergraduate Student
- Graduate Student
- Post-Bac/ Quick Entry
- Faculty
- Staff
- Not Affiliated
- Unknown
- Other _____

Residence:

- Residence Hall (on-campus)
- Off-Campus
- Unknown
- Other _____

Information on the Person Completing this Form**I am the:**

- Survivor/Victim
- Witness or Observer
- PSU staff/faculty member

- Roommate or housemate of survivor
- Friend/ classmate of survivor
- Other _____

You have just completed the anonymous report form.

If you provide any of the information below, the University may need to investigate.

- Yes, I want to talk to someone about this.
 No, I do not want to be contacted; I submitted this form for statistical purposes only.

Your name: _____

Your Phone number: _____ Is it safe to leave a message? _____

Your e-mail: _____ Is it safe to e-mail you? _____

I would like to be contacted by:

- Office of Student Affairs
 Student Health Center
 Counseling Center
 Women's Resource Center
 Campus Public Safety
 Residence Assistant or Hall Director
 Affirmative Action
 Ombuds
 Other _____

Name of the survivor: _____

Name of offender(s) and/or group: _____

***Please mail this form to:
Portland State University- OSA
PO Box 751
Portland, OR 97207***