

Anonymous Report Form
Sexual Violence Incident



EOU defines Sexual Assault as any nonconsensual sexual act. A sexual act is nonconsensual if it is:

- A. inflicted upon someone who cannot grant consent (due to cognitive disability, age, incapacitation due to drug/alcohol use, etc.); or
- B. compelled through the use of coercion, intimidation, threats, or physical force.

Director of Student Relations
Inlow Hall, Room 206
(541) 962-3476

Counseling Center
Corner of 6th and "L" Ave.
(541) 962-3524

Anonymous Report Form

Sexual Violence Incident Report Form

In order to understand the campus climate, plan a response to sexual violence, and to obtain more accurate statistics, we ask that you complete this form and return it to one of the offices listed below. This form is used to gather information regarding the incidence of sexual violence on and around our campus. Victims can also use this form to request support. It is not necessary for you to be the victim to complete this form.

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.

- To file a student conduct complaint, contact one of the following Student Affairs Staff:
Colleen Dunne-Cascio, Director of Student Relations, 541-962-3476
Dr. Marianne Weaver or Dr. Thacher Carter, Counseling Center, 541-962-3524
- To file an official report for criminal action, contact the La Grande Police Department at 911.

Please place this report in an envelope and mail or deliver to one of the following:

Director of Student Relations, Inlow 206
Eastern Oregon University
One University Boulevard
La Grande, Oregon 97850

Counseling Services
Eastern Oregon University
One University Boulevard
La Grande, Oregon 97850

Resources

Crisis Response (24 Hours):

Medical Emergency/Police: 911 (9-911 on campus)
Eastern Oregon University Campus Security: (541) 962-3911
Your Resident Assistant or Hall Coordinator
Union County Sexual Assault Response Team (UC SART): 911
Shelter From the Storm: (541) 963-9261

Confidential Assistance:

Counseling Center—Dr. Marianne Weaver and/or Dr. Thacher Carter, (541) 962-3524
Student Health Center— (541) 962-3524
Shelter From the Storm—(541) 963-9261 24 hour Hotline

Other On-campus Resources:

Office of Student Affairs (8-5, M-F), (541) 962-3635
Campus Advocates: see our website at <http://www.eou.edu/saffairs/sex-matters> for a current list of campus advocates.
Affirmative Action Officer: (541) 962-3548

Off-campus Resources:

Shelter From the Storm (Free and Confidential Domestic Violence and Sexual Assault Services)
111 5th Street
La Grande, Oregon 97850
(541) 963-9261 24 hour Hotline
Office of the District Attorney (Victim/Witness Assistance)
1007 4th Street
La Grande, Oregon 97850
(541) 963-1007
Union County Sexual Assault Team (UC SART): 911

Anonymous Report Form

Today's Date _____

Information Regarding the Incident

Date of incident: _____ Time of incident: _____ a.m./p.m.

Location of incident: (check all that apply)

- Residence Hall Off Campus Housing Other _____
 EOU Family Housing Complex Unknown

Was coercion or force involved? (check all that apply)

- Verbal pressure Incapacitation due to drugs Threats to harm
 Physical force Incapacitation due to alcohol Abuse of authority (supervisor, etc.)
 Presence of weapon Manipulation Other _____
 Abduction Intimidation /Coercion/Manipulation)

Does the victim believe a drug was given without consent or knowledge?

- Yes No Unknown

Note: An incident does not have to involve coercion or force to be considered a student conduct violation. Reporting drug or alcohol use will not result in any sanctions for the victim.

Please provide a brief description of the incident:

Additional pages may be attached.

Follow Up

To your knowledge, has this incident been reported to the police, campus security, or Student Affairs?

- Yes No Unknown

If yes, please list the agencies that the incident was reported to: _____

If yes, what was the response or action? _____

If yes, are you satisfied with the response? Yes No

If not reported, what was/were the reason(s) for not reporting? _____

What resources has the victim used so far?

- Office of the Vice President for Student Affairs Women's Center La Grande Police Department
 Student Health Center Campus Security Union County Victims Assistance
 Counseling Center Residence Assistant or Hall Coordinator
 Shelter From the Storm

Cut or tear at fold line and submit to the Office of Student Affairs or the Counseling Center



Information on the Offender(s) (i.e., person/people who committed the assault)

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

Affiliation to EOU:

- Undergraduate Student
- Graduate Student
- Faculty
- Staff
- Not affiliated
- Unknown
- Other _____

Residence:

- Residence hall
- EOU Family Housing Complex
- Off Campus housing
- Unknown
- Other _____

Offender's relationship to the victim: (check all that apply)

- Partner or lover
- Ex-partner, ex-spouse, ex-lover
- Spouse
- Colleague or co-worker
- Work supervisor
- Faculty member
- Acquaintance
- Met same day, socially
- Met same day, non-socially
- Stranger
- Other _____

Information on the Victim

Gender: _____ *Date of birth: _____

**Providing date of birth is a confidential means to differentiate incidents and reduce duplicate statistics if name is not provided.*

Affiliation to EOU:

- Undergraduate Student
- Graduate Student
- Faculty
- Staff
- Not affiliated
- Unknown
- Other _____

Residence:

- Residence hall
- EOU Family Housing
- Off Campus housing
- Unknown
- Other _____

Information about the Person Completing the Form

- Victim
- Witness or observer
- Agency or staff person
- Roommate or housemate
- Family member
- Partner
- Other _____

YOU HAVE JUST COMPLETED THE ANONYMOUS PORTION OF THIS REPORT FORM. IF YOU CHOOSE TO CONTINUE, ANY FURTHER INFORMATION YOU PROVIDE MAY NO LONGER REMAIN ANONYMOUS.

NON-ANONYMOUS REPORT INFORMATION:

I would like to be contacted by:

- the Student Health Center
- the Counseling Center
- the Office of the Vice President for Student Affairs
- an EOU Sexual Assault Response Campus Advocate
- Other (please list name) _____

I do not want to be contacted by anyone. I am submitting this form for statistical purposes only.

Please list your name and telephone number below:

Name: _____ Telephone number: () _____

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

If an offender's name or group affiliation is listed, the university may be required to take action against the offender or group. Therefore, this information may no longer remain confidential.