

Anonymous Report Form

SEXUAL OR RELATIONSHIP VIOLENCE INCIDENT

Old Dominion University is committed to a learning and living environment free of violence. To help support our efforts in responding to sexual and relationship violence and understanding the campus climate at ODU, we ask that you complete this form and return it to the Office of Student Affairs or the Women's Center.

Office of Student Affairs

Old Dominion University
2008 Webb Center
Norfolk, VA 23529

Women's Center

Old Dominion University
1000 Webb Center
Norfolk, VA 23529

Please note:

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 a student conduct complaint related to sexual misconduct, contact one of the following Student Affairs Staff:

Mike Debowes

Director, Office of Student
Conduct & Academic Integrity
757.683.3431

Joann Bautti-Roche

Assistant Director
S. A. F. E. Coordinator
Women's Center
757.683.4109

To file an official report for criminal action, contact:

ODU Police Department: 757.683.4000

Norfolk Police Department: 911 or 757.441.5610

Resources

ODU Women's Center:

757.683.4109

Sexual assault victim advocacy, crisis intervention, education & outreach

Response Sexual Assault

Support Services of the YWCA:

757.622.4300

Sexual assault support, education and advocacy; 24 hour hotline with crisis counselors available 24/7

Women in Crisis Domestic

Violence Shelters & Programs:

757.625.5570

Victim centered services including shelter, counseling services, community education, and transitional housing

ODU Student Health Services:

757.683.3132

Medical care for sexual assault victims, not including evidence collection, by appointment or as a walk in M-F 8am-5pm, W 8am-7pm

Sentara Norfolk General Hospital:

911 or 757.388.3551

Medical care for sexual assault victims that includes evidence collection; 24 hour emergency services

ODU Counseling Services:

757.683.4401

Supportive counseling for sexual assault victims including assessment and referral

Old Dominion UNIVERSITY

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Sexual assault is a broad term that encompasses any forcible sexual activity that occurs without the victim's consent. It is a crime of violence, power and control; and it is one of the most under reported crimes in the United States.

Relationship violence is a pattern of physically, sexually, and/or emotionally abusive behaviors used by one person to maintain power and control of another person in the context of an intimate or family relationship.



Women's Center

Division of Student Affairs
1000 Webb Center

757.683.4109

womenctr@odu.edu

<http://StudentAffairs.odu.edu/WC>

Anonymous Report Form

Today's Date: _____

Information on the Assault

If the survivor chooses for the assault to be recorded in college statistics, this section must be completed in full.

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

Type of assault/ incident: (check all that apply)

Forcible is defined here as any sexual act directed against another person, forcibly and/or against that persons will; or not forcibly or against the persons will where the victim is incapable of giving consent.

- | | |
|---|--|
| <input type="checkbox"/> Forcible Rape
<i>Sexual intercourse against one's will or where victim is incapable of giving consent</i> | <input type="checkbox"/> Sexual Harassment |
| <input type="checkbox"/> Forcible Sodomy
<i>Oral or anal sexual intercourse</i> | <input type="checkbox"/> Stalking
<i>Including cyber stalking</i> |
| <input type="checkbox"/> Sexual Assault with an object
<i>Sexual penetration with an object including a finger</i> | <input type="checkbox"/> Relationship/Dating Violence |
| <input type="checkbox"/> Forcible Fondling
<i>Touching of private body parts</i> | <input type="checkbox"/> Other: _____ |

Was either of the persons under the influence of alcohol or drugs at the time of the incident?

- Survivor Assailant Both Neither

Note: Reporting drug or alcohol use here will not result in any sanctions for the survivor or offender.

Place of assault: (check all that apply)

- On Campus/ Residential Off Campus/ Residential Unknown
 On Campus/ Non-residential Off Campus/ Non-residential Other: _____

Please give a brief description of the incident: (additional pages may be attached)

Follow Up

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

- Yes No Unknown

If yes, please list the agencies that received the report: _____

What was the response or action? _____

Are you satisfied with the response? Yes No

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

What resources has the survivor used so far?

- | | |
|--|---|
| <input type="checkbox"/> Office of Student Affairs | <input type="checkbox"/> Counseling Services |
| <input type="checkbox"/> Student Health Services | <input type="checkbox"/> Residence Assistant or Hall Director |
| <input type="checkbox"/> Women's Center | <input type="checkbox"/> Response of the YWCA |
| <input type="checkbox"/> ODU Police | <input type="checkbox"/> Norfolk Police Department |

* Adapted from Eastern Oregon University Anonymous Report Form.

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

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

Affiliation to ODU:

- Undergraduate student Not affiliated
 Graduate student Unknown
 Faculty Other: _____
 Staff

Residence:

- Residence hall
 Off campus housing
 Unknown
 Other: _____

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

- | | | |
|--|--|---|
| <input type="checkbox"/> Partner or lover | <input type="checkbox"/> Work supervisor | <input type="checkbox"/> Met same day, socially |
| <input type="checkbox"/> Ex-partner, ex-spouse, ex-lover | <input type="checkbox"/> Faculty member | <input type="checkbox"/> Met same day, non-socially |
| <input type="checkbox"/> Spouse | <input type="checkbox"/> Acquaintance | <input type="checkbox"/> Friend |
| <input type="checkbox"/> Colleague or co-worker | <input type="checkbox"/> Stranger | <input type="checkbox"/> Family member |

Information on the Survivor

Sex of survivor: _____ Date of birth: _____

Name (optional): _____

Affiliation to ODU:

- Undergraduate student Not affiliated
 Graduate student Unknown
 Faculty Other: _____
 Staff

Residence:

- Residence hall
 Off campus housing
 Unknown
 Other: _____

Information about the Person Completing the Form

- | | |
|---|--|
| <input type="checkbox"/> Survivor or victim | <input type="checkbox"/> Family member |
| <input type="checkbox"/> Witness or observer | <input type="checkbox"/> Partner |
| <input type="checkbox"/> Agency or staff person | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Roommate or house mate | |

You have just completed the anonymous report form. If you choose to continue, any further information you provide may no longer remain anonymous.

I would like to be contacted by:

- | | | |
|--|---|--|
| <input type="checkbox"/> Women's Center | <input type="checkbox"/> Response of the YWCA | <input type="checkbox"/> I do not want to be contacted by anyone. I submitted this form for statistical purposes only. |
| <input type="checkbox"/> Student Health Services | <input type="checkbox"/> Counseling Services | |
| <input type="checkbox"/> Office of Student Affairs | <input type="checkbox"/> Other: _____ | |

Please write 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 with the offender or group. Therefore, this information may no longer remain confidential.