

*Anonymous Report Form  
Sexual or Relationship Violence Incident*



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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.

Office of Student Affairs  
Inlow Hall 116  
(541) 962-3635

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

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



EASTERN OREGON  
UNIVERSITY

# ***Anonymous Report Form***

## ***Sexual or Relationship Violence Incident***

In order to understand the campus climate and plan a response to sexual and dating violence, 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 and dating violence on and around our campus. It is not necessary for you to be the survivor 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.***

- To file a student conduct complaint, contact one of the following Student Affairs Staff:  
Colleen Cascio, Student Conduct Coordinator, 541-962-3635  
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 or the Union County Victim Assistance Program at 541-963-1007.

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

Office of Student Affairs  
Eastern Oregon University  
One University Boulevard  
La Grande, Oregon 97850

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

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## ***Resources***

### **Crisis Response (24 Hours):**

Medical Emergency/Police: 911 (9-911 on campus)  
Eastern Campus Security: 962-3911

### **Confidential Assistance:**

Counseling Center—Dr. Marianne Weaver and/or Dr. Thacher Carter: 962-3524  
Student Health Center—: 962-3524

### **Other On-campus Resources:**

Office of Student Affairs (8-5, M-F): 962-3635  
Women's Center (9-5, M-F): 962-3021  
Your Resident Assistant or Hall Director (24-7)  
See our website at <http://www.eou.edu/saffairs/sex> for a current list of campus advocates.

### **Off-campus Resources:**

Shelter from the Storm (Free Domestic Violence and Sexual Assault Services)  
111 5th Street  
La Grande, Oregon 97850  
(541) 962-7226 or 24 hour Hotline: (541) 962-9261 ALL SERVICES ARE CONFIDENTIAL

Office of the District Attorney (Victim/Witness Assistance)  
1007 4th Street  
La Grande, Oregon 97850  
(541) 963-1007

## 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.

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

- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Verbal             | <input type="checkbox"/> Abduction                     | <input type="checkbox"/> Manipulation |
| <input type="checkbox"/> Physical           | <input type="checkbox"/> Incapacitation due to drugs   | <input type="checkbox"/> Other _____  |
| <input type="checkbox"/> Presence of weapon | <input type="checkbox"/> Incapacitation due to alcohol |                                       |

### Does the survivor believe she/he was given a drug without her/his consent or knowledge?

- Yes                       No                       Unknown

### Place of assault: (check all that apply)

- |   |   |                                      |
|---|---|--------------------------------------|
| <input type="checkbox"/> Residence Hall             | <input type="checkbox"/> Off Campus Housing | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> EOU Family Housing Complex | <input type="checkbox"/> Unknown            |                                      |

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

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### Please give a brief description of the incident:

*Additional pages may be attached.*

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## 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 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? \_\_\_\_\_

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### What resources has the survivor used so far?

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Office of Student Affairs | <input type="checkbox"/> Women's Center                       | <input type="checkbox"/> Shelter from the Storm          |
| <input type="checkbox"/> Student Health Center     | <input type="checkbox"/> Campus Security                      | <input type="checkbox"/> Union County Police Department  |
| <input type="checkbox"/> Counseling Center         | <input type="checkbox"/> Residence Assistant or Hall Director | <input type="checkbox"/> Union County Victims Assistance |

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## 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 assaulted person: (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 \_\_\_\_\_

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## Information on the Survivor

Gender: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Name: (optional) \_\_\_\_\_  
*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 Complex
- Off Campus housing
- Unknown
- Other \_\_\_\_\_

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## Information about the Person Completing the Form

- Survivor or victim
- Witness or observer
- Agency or staff person
- Roommate or housemate
- Family member
- Partner
- Other \_\_\_\_\_

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**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:

- Student Health Center
- Counseling Center
- Office of Student Affairs
- An EOU sexual assault response advocate
- Other (please list name) \_\_\_\_\_

**I do not want to be contacted by anyone. I submitted 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 with the offender or group. Therefore, this information may no longer remain confidential.*