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       Counseling Center
Inlow Hall, Room 206              Corner of 6th and “L” Ave.
(541) 962-3476                   (541) 962-3524

Revised 3/2012
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:

<table>
<thead>
<tr>
<th>Director of Student Relations, Inlow 206</th>
<th>Counseling Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eastern Oregon University</td>
<td>Eastern Oregon University</td>
</tr>
<tr>
<td>One University Boulevard</td>
<td>One University Boulevard</td>
</tr>
<tr>
<td>La Grande, Oregon 97850</td>
<td>La Grande, Oregon 97850</td>
</tr>
</tbody>
</table>

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

Information Regarding the Incident

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

Location of incident: (check all that apply)
- Residence Hall
- EOU Family Housing Complex
- Off Campus Housing
- Unknown
- Other ____________________

Was coercion or force involved? (check all that apply)
- Verbal pressure
- Physical force
- Presence of weapon
- Abduction
- Incapitation due to drugs
- Incapitation due to alcohol
- Manipulation
- Intimidation/Coercion/Manipulation
- Threats to harm
- Abuse of authority (supervisor, etc.)
- Other ____________________

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
- Student Health Center
- Counseling Center
- Women’s Center
- Campus Security
- Residence Assistant or Hall Coordinator
- Shelter From the Storm
- La Grande Police Department
- Union County Victims Assistance

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
- Not affiliated
- 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 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.