

ANONYMOUS REPORTING FORM

Date: _____

This form is designed to facilitate the anonymous report of a sexual assault to assist Southern Utah University in understanding current sexual violence trends at our campus. Filing this form will not result in an investigation unless the victim later decides to make a formal report to law enforcement. 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).

Information on the Victim(s) (i.e. person or people who the assault was committed against)

Number of victim(s): _____ Gender of the victims(s): _____ Age(s): _____
Affiliation to SUU (check all that apply):
 Undergraduate Student Graduate Student Faculty Staff or Administrator Not affiliated Unknown Other: _____
Residence (check all that apply):
 Residence Hall or Co-op Fraternity House Sorority House Off-campus Family Housing Unknown Other: _____
Race (check all that apply):
 White (Non-Hispanic) American Indian African American Asian or Pacific Islander Hispanic Other: _____

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

Number of offender(s): _____ Gender of the offender(s): _____ Age(s): _____
Affiliation to SUU (check all that apply):
 Undergraduate Student Graduate Student Faculty Staff or Administrator Not affiliated Unknown Other: _____
Residence (check all that apply):
 Residence Hall or Co-op Fraternity House Sorority House Off-campus Family Housing Unknown Other: _____
Race (check all that apply):
 White (Non-Hispanic) American Indian African American Asian or Pacific Islander Unknown Other: _____
Offender's relationship to the assaulted person (check all that apply):
 Current Intimate Partner Faculty or Teaching Assistant
 Spouse Acquaintance (known more than 24 hrs)
 Former Intimate partner/ex-spouse/ex-lover Met same day (known less than 24 hrs)
 Colleague or coworker Stranger
 Work Supervisor Other: _____

Information on the Assault

Date of assault: _____ **Approximate time of assault:** _____ a.m./p.m.
Place of Occurrence: _____
(an address is preferred, but if it occurred at the victim's home street coordinates are acceptable)

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

| | |
|---|--|
| <input type="checkbox"/> Verbal pressure | <input type="checkbox"/> Use of drugs/alcohol by perpetrator |
| <input type="checkbox"/> Intimidation or coercion | <input type="checkbox"/> Use of drugs/alcohol by victim |
| <input type="checkbox"/> Threats to harm | <input type="checkbox"/> Suspected Use of Predatory Drugs (i.e. GHB, ketamine) |
| <input type="checkbox"/> Physical force/assault (pushing, etc.) | <input type="checkbox"/> Contact with no penetration (oral/anal/vaginal) |
| <input type="checkbox"/> Incapacitation due to drugs/alcohol | <input type="checkbox"/> Contact with penetration (oral/anal/vaginal) |
| <input type="checkbox"/> Abuse of authority (supervisor, etc.) | <input type="checkbox"/> Emotional/verbal abuse |
| <input type="checkbox"/> Use of a weapon (type): _____ | <input type="checkbox"/> Other (i.e. foot, belly button fetish): _____ |
| <input type="checkbox"/> Threat of a weapon (type): _____ | |

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

Does the survivor believe they were given a drug without their consent or knowledge?
 Yes, what type? _____ No Unknown

Please give a description of the incident:
If a survivor wishes for the assault to be recorded in university statistics, this section needs to be completed. Additional pages may also be attached.

Information on the Assault (Continued)

Were you physically injured? Yes No If Yes, please describe the nature of your injuries in detail

Nature of the Assault:

- Attempted
- Completed
- Vaginal
- Oral
- Anal
- Relationship Violence
- Stalking
- Incest
- Sexual Assault with an Object
- Other: _____

Location of assault:

- Juniper Hall
- Eccles Hall
- Cedar Hall
- College View Apts.
- Ponderosa Apts.
- Sharwan Smith Center
- Library
- Centrum
- PE Building
- Other Main Campus Building

- Sorority Housing
- Fraternity Housing
- Outdoors
- Hike/Bike Trail
- Unknown Home
- Car/ Vehicle
- Workplace
- Park
- Parking Lot
- Off Campus Housing
- Other: _____
(please specify)

Manner of initial contact: (I.E. Came to victim's door, attacked on street, etc.):

Follow-up

To the best of your knowledge, has this incident been reported to the Cedar City P.D. or the Office of Public Safety?

- Yes
- No
- Unknown
- Planning on filing a formal report

Other Department or Agencies the Survivor Reported the assault to:

- | | |
|--|--|
| <input type="checkbox"/> Center for Women and Families | <input type="checkbox"/> University Housing Staff |
| <input type="checkbox"/> SUU Public Safety | <input type="checkbox"/> Counseling and Psychological Services |
| <input type="checkbox"/> Cedar City Police Department | <input type="checkbox"/> Student Health Clinic |
| <input type="checkbox"/> Iron County Sheriff's Office | <input type="checkbox"/> Other: _____ |

I would like to have the Sexual Assault Coordinator contact me. (This contact is confidential. You can receive further information about resources and options; counseling for survivors, their friends and support persons; and advocacy for survivors who choose to contact other agencies).

If so, please leave a name and phone number: _____

If you would like to take further action by reporting to SUU Public Safety, please check the box below and provide your contact information. **Please note that your information will no longer remain anonymous if you do so.**

Please check here if you would like to be contacted by the SUU Public Safety.

Name and phone number: _____

The Center for Women and Families will follow all university guidelines to keep this document confidential. However, please note that, just as with any other document on campus, if subpoenaed or court ordered, this document must be turned over to authorities.

If your browser doesn't support forms, please complete and print our form and mail to: **Center for Wellness, ST 175
351 West University Blvd
Cedar City, UT 84720**