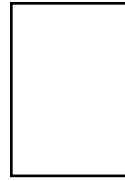


Dean of Students
Pacific University
UC Box #666, 2043 College Way
Forest Grove, OR 97116



CONFIDENTIAL

Pacific University Resources

All Hour Response

Campus Public Safety 503-352-2230
On-Call Resident Director 971-275-2031
Forest Grove Police 503-629-0111

During Regular Business Hours

Student Counseling Center 503-352-2191
Student Health Center 503-352-2269
Dean of Students 503-352-2212

Confidential Hotlines

Hillboro Rape Crisis Center 503-640-5311
Portland Women's Crisis Line 503-253-5333
National Sexual Assault Hotline 1-800-656-HOPE

IN AN EMERGENCY CALL 9-911 (off campus: 911)

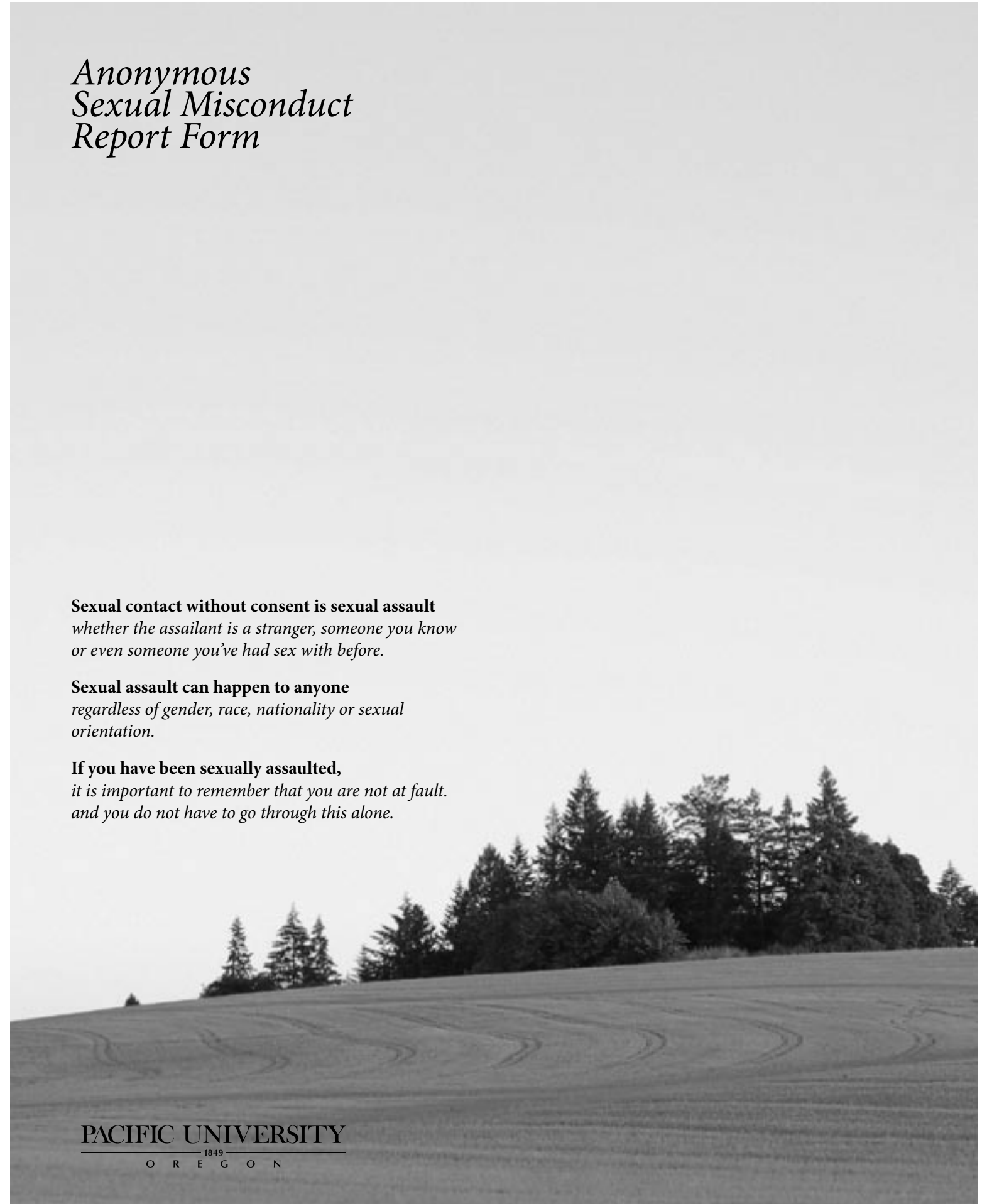


Anonymous Sexual Misconduct Report Form

Sexual contact without consent is sexual assault
*whether the assailant is a stranger, someone you know
or even someone you've had sex with before.*

Sexual assault can happen to anyone
*regardless of gender, race, nationality or sexual
orientation.*

If you have been sexually assaulted,
*it is important to remember that you are not at fault.
and you do not have to go through this alone.*



Anonymous Sexual Misconduct Report Form

This form will not be seen by campus security officers or other law enforcement personnel. It is not a police, security, or judicial report. (To place such a report, refer to contact information on the back of this form.) Please read this entire form carefully.

This form collects information about sexual misconduct that occurs in the Pacific University community. In a non-threatening way, information collected from this form can be used to:

- 1) report summary crime statistics about sexual offenses as accurately as possible as required by federal law
- 2) help university personnel identify potential high risk behaviors or locations which compromise the climate of security in the university community. Preventative action such as programming or security measures may result.

Information from this form alone will not initiate legal and/or disciplinary action against the offender.

Mandatory Reporters: All Pacific University employees are obligated to let the university know of dangerous situations. Employees who oversee student activities and events, monitor the campus climate, or advise student groups are considered *mandatory reporters* and **must** submit this form when appropriate. Examples of mandatory reporters include: Residence Life, Campus Security, Coaches, Club Advisors, etc.

Incident Description (Please complete as fully as possible to aid in the collection of accurate statistics.)

Date of incident: _____ **Time of incident:** _____
Location of incident (Specificity will help to identify high risk areas): _____

To your knowledge, is the above location (check any that apply):

- university-operated residence hall or apartment on-campus building public property adjacent to campus

On which Pacific University campus did the incident occur, or, which is closest to the above location:

- Forest Grove Main Campus Hillsboro Health Professions Campus Portland Campus/Clinics Eugene Campus

Misconduct Description (Please check the answer that applies to each question)

Did the offender(s) (i.e. the person or people who committed the misconduct or offense)...

- use verbal force, threats, intimidation, or coercion? yes no not sure
- use physical force, e.g. hitting, holding down, etc.? yes attempted threatened no not sure
- use a weapon, e.g. gun, knife, or similar object? yes attempted threatened no not sure
- kidnap or abduct the survivor? yes attempted threatened no not sure
- keep the survivor in a place against his or her will? yes attempted threatened no not sure
- threaten to end someone's life? survivor's offender's someone else's no
- engage in unwanted touching of the survivor's private body parts, e.g. kissing, fondling, groping? yes attempted threatened no not sure
- engage in unwanted penetration of the survivor's genitals or anus with any object, other than the offender's own genitals? yes attempted threatened no not sure
- have unwanted oral or anal intercourse with the survivor? yes attempted threatened no not sure
- have unwanted vaginal intercourse with the survivor? yes attempted threatened no not sure
- Was the survivor unable to give consent due to alcohol? yes no not sure
- Was the survivor unable to give consent due to drugs? yes no not sure
- Does the survivor believe they were given a drug without their consent or knowledge? yes no not sure
- Did the offender(s) use a drug to incapacitate the survivor? yes attempted threatened no not sure

About the Offender(s) (optional / provide as much as you feel comfortable)

Number and Gender of Offender(s) (i.e., two males, etc.): _____

Other Physical Descriptions: _____

Affiliation to Pacific University (check all that apply):

- faculty undergraduate student
 staff professional/graduate student
 not affiliated unknown
 other

Relationship to the assaulted person (check all that apply):

- partner, lover, spouse friend
 ex-partner, ex-lover, or ex-spouse acquaintance
 family member stranger
 colleague or coworker work supervisor
 met same day, non-socially met same day, socially
 faculty member or teaching assistant other:

Residence:

- university-operated residence hall or apartment off campus

To your knowledge, is this a repeat offender?

Name of offender (optional)

About the Survivor (optional / provide as much as you feel comfortable)

Affiliation to Pacific University (check all that apply):

- faculty undergraduate student
 staff professional/graduate student
 not affiliated unknown
 other

Gender: _____

Residence:

- university-operated residence hall or apartment off campus

Has the survivor sought or received professional medical attention? (check all that apply)

- yes Pacific University Student Health Center other/off-campus no not sure

Has the survivor sought or received professional counseling or guidance? (check all that apply)

- yes Pacific University Student Counseling Center other/off-campus no not sure

Name of survivor (optional)

About the Person Completing this Form (optional / provide as much as you feel comfortable)

To your knowledge, has this incident been reported to:

- Campus Public Safety
 Dean of Students
 local police

I am the:

- survivor, person assaulted, or victim
 witness or observer
 roommate or house mate
 family member
 partner, lover, spouse
 friend
 reporting University employee (see **Mandatory Reporters**)
 offender
 other

Date this form was completed: _____

If you would like to be contacted about this incident, please instruct us how and when to contact you:

Please deliver by hand or mail to:

Dean of Students
UC Box #666
2043 College Way
Forest Grove, OR 97116

Report will be applied to campus statistics. The University may use information to take action to protect the campus community. You have the option to identify either offenders and/or survivors. If identified, the Dean may choose to investigate further and/or contact either party.

Form may be folded, using the address blank on the back, or put in an envelope. Please mark envelope "CONFIDENTIAL".

Student Counseling Center can answer questions: 503-352-2191