

Harris-Stowe State University
Anonymous Sexual Assault Report Form

Instructions: This form is intended to convey information needed to track the University response to the incident being reported, as well as to bring the misconduct to the attention of staff charged with survivor support. Anyone can submit this form on behalf of him-or herself or a survivor, **but not without permission of the survivor.** Please submit this form to Vicki R. Bernard, Ph.D., Harris-Stowe State University, 3026 Laclede Ave. ,Counseling Services Rm.111-A Gillespie Residence Hall or submit it electronically to counselingservices@hssu.edu. **It is not necessary to complete the form in the presence of the person reporting, or to fill in each response if the information was not shared.**

Reporting Department or Agency _____ Dept. Phone _____	
Date of Discussion with Victim _____	
Other departments or Agencies the Victim Reported this Assault to. (Please indicate order of contact if more than one applies).	
On Campus:	Off Campus:
_____ Counseling Services	_____ St. Louis Police Department
_____ Faculty	_____ St. Louis County Police Department
_____ Family/Friend	_____ other Community Support Service for Victims
_____ Student Health Services	
_____ Residence Life	
_____ Student Activities	
_____ Campus Public Safety	

Information Regarding Incident

Date of Incident _____ Time of Incident _____

If incident occurred **on campus**, indicate where:

- _____ Outdoors [describe location if possible] _____
- _____ Campus Function [name of function optional] _____
- _____ Motor Vehicle [victim's, suspect's, or other] _____
- _____ Residence Hall [name of hall optional] _____
- _____ Other Campus Building [building name optional] _____
- _____ Other [describe] _____

If incident occurred **off-campus**, please indicate location

Describe Location [name of building, street, etc.] _____

Describe the Nature of Assault

- _____ Sexual contact without consent [fondling, kissing, but not penetration]
- _____ Attempted intercourse without consent [penetration did not occur]
- _____ Intercourse without consent [oral, anal, or vaginal penetration by penis or other object]
- _____ Other [describe] _____

Describe any force or coercion used by assailant:

- _____ Verbal pressure or argument
- _____ Position of authority
- _____ Threat of physical force [threatened to hit, hold, or otherwise injure]

Use of Physical Force [actually hit, held down, twisted arm, etc.]
 Gave Victim Alcohol or other Drugs so Victim was significantly incapacitated.
 Other: _____

Was a weapon involved in the assault? yes no If yes, what type of weapon? _____
How many assailants were involved _____

Describe nature of relationship with assailant prior to assault:
 Co-Worker Spontaneous Date/Encounter [met at a bar, party, etc.]
 Friend Stranger
 Planned First Date Steady Date
 Relative Subordinate
 Supervisor Other [describe] _____

Information on Alleged Assailant

Sex
Age
Ethnicity

Affiliation with HSSU
 Student
 Staff/Faculty
 Other [Describe]:

If HSSU student, what year?
 Freshman Sophomore
 Junior Senior

Information on Person Assaulted

Sex
Age
Ethnicity

Affiliation with HSSU
 Student
 Staff/Faculty
 Other [Describe]:

If HSSU student, what year?
 Freshman Sophomore
 Junior
 Senior

To submit this form: Fill in the boxes first, save it, and email it to counselingservices@hssu.edu. This email address belongs to Dr. Vicki Bernard, Director of Counseling Services. All email is confidential. If you have questions or would like to discuss your experience, please contact Dr. Bernard at (314) 340-5089 or email bernardv@hssu.edu.