

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 information.

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 an official report for criminal action, contact Campus Safety at 541-885-1111 or the Klamath Falls Police Department at 541-883-5336
- To file a student conduct report, contact Office of Student Affairs at 541-885-1011

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

Office of Student Affairs
College Union 217
Klamath Falls, OR 97601

Integrated Student Health Center
Student Health Bldg
Klamath Falls, OR 97601

If you have questions about the form or need help filling it out, contact the Dean of Students at 541-885-1013.

Primary Resources available twenty-four hours a day

Klamath Crisis Center 541-883-7273 Rape Crisis

Secondary Resources

Campus Resources

Office of Student Affairs 541-885-1011
Student Health Center 541-885-1800
Campus Safety (Emergency) 541-885-0911
Housing and Residence Life 541-885-1094
Office of Affirmative Action and
Equal Opportunity 541-885-1108

Community Resources

Klamath Crisis Center 541-884-0390
Sky Lakes Medical Center 541-274-6176
or 541-882-6311

Oregon Tech is an affirmative-action, equal-opportunity institution committed to cultural diversity and compliance with the Americans with Disabilities Act.

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Today's Date: _____

Information on the Survivor (victim)

Name: (optional) _____ **Gender:** _____ **Date of Birth:** _____

Providing date of birth is a confidential means to differentiate incidents and reduce duplicate statistics.

Affiliation to OIT:

- Undergraduate student
- Graduate student
- Faculty
- Staff
- Not Affiliated
- Unknown
- Other _____

Residence:

- Residence Hall
- Village apartment
- Off-campus
- Other _____

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

Number of offender(s): _____ **Gender of offender(s):** _____

Name(s) of offender(s): (optional) _____

If an offender's name or group affiliation is listed, the university may be required to take action with the offender or group.

Affiliation to OIT (check all that apply):

- Other Undergraduate student
- Other Graduate student
- Faculty
- Staff
- Not Affiliated
- Unknown
- Other _____

Offender's relationship to the

assaulted person (check all that apply):

- Partner or lover
- Ex-partner, ex-spouse, or ex-lover
- Spouse
- Colleague or coworker
- Work supervisor
- Faculty member
- Teaching assistant
- Acquaintance
- Stranger
- Met same day, socially
- Met same day, not socially
- Family member

Residence of offender(s):

- Residence Hall / Village
- Off-campus
- Unknown
- Other _____

Information about the Incident

If a survivor wishes for the incident to be recorded in university statistics, this section must be completed in full. All mandatory reporters are required to complete this section as well.

Date of incident: _____ Time: _____ AM / PM (circle one)

[Please continue to back of form]

Information about the Incident (continued)

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

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

- Verbal
- Physical
- Presence of weapon
- Threat of death
- Abduction
- Incapacitation due to drugs
- Incapacitation due to alcohol
- Other _____

Place of assault: (check all that apply)

- Residence Hall
- Village apartment
- Academic building (name) _____
- Other (please note location) _____

Does the survivor believe they were given a drug without his/her consent or knowledge?

- Yes
- No
- Unknown

Please provide a brief description of the incident (attach additional page(s) if needed).

Information about the person completing this form

I am the

- Survivor / victim
- Witness / observer
- Staff person
- Roommate / housemate
- Family member
- Partner
- Friend
- Other _____

Would you like to be contacted by

- Office of Student Affairs
- Campus Safety
- Integrated Student Health Center
- Police Department
- Other _____

If so, provide a name and contact information:

Even if the survivor is not considering prosecution, she/he should seek professional counseling and/or a medical provider.

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Student Affairs Office
Oregon Institute of Technology

College Union 217
Klamath Falls