The form below is intended for the anonymous/confidential reporting of sexual assault, rape, and other forms of sexual violence. This form was designed by WU’s Committee on Sexual Assault (COSA) to allow the survivors of sexual violence – as well as others with whom they discuss these incidents – to bring the misconduct to the attention of staff charged with survivor support.

The hope is that the data collected through this report form will help the University better understand the extent of the problem, plan more effective risk reduction and response efforts, and create a safer campus community.

Completion of this form is voluntary. Completion of the form is one option for reporting; it does not preclude your right to utilize other WU procedures (e.g. police report, judicial hearing process), or other legal reporting options.

Anyone in the WU community may submit a form on behalf of him- or herself or a survivor, but not without the knowledge/permission of the survivor. Prior to completing the form or providing it to someone, please note that the form:

- is anonymous
- will be used to measure incidents which directly relate to the WU community, which may be reported in aggregate form.
- can be sent through campus mail to Kim Webb, Assistant Director for Sexual Assault and Community Health Services, Habif Health and Wellness Center, Campus Box 1201.

Your voice is valued, and your experience is important. Please feel free to contact Kim Webb at 314-935-8761, kim_webb@wustl.edu or campus box 1201 with any questions or concerns.

You will find the form below, feel free to skip questions that are irrelevant, that you wish not to answer, or that you do not have the information to complete:
Washington University in St. Louis
ANONYMOUS REPORT OF SEXUAL ASSAULT, RAPE, AND OTHER FORMS OF SEXUAL VIOLENCE

1. Are you reporting an incident/assault that happened to you?
   Yes_________  No___________  (If yes, please skip to question 3.)

   Are you reporting an incident/assault that the Victim/Survivor discussed with you?
   Yes_________  No___________

2. When did the Victim/Survivor first discuss the incident/assault with you? ________________________

3. Did the incident occur while the Victim/Survivor was enrolled at WU?
   Yes_______  No___________

4. Victim/Survivor's Gender Identity: _____    Race ______    Age: _______    Year in School: ______

5. Victim/Survivor's Residence:
   Residence Hall ___  Fraternity House___  Village____  WU Apt. ___ Off-campus Apt. ___
   Family home (In-town Student) ___

6. General Location of the incident/assault:
   On Campus___ (please check below):
   Residence Hall___  Fraternity House___  WU Apt. ___  Other Building___  Outdoors___  Car___
   Other space___

   Off Campus ___(please specify)________________________________________

7. Specific location of the incident/assault (name of building, street, etc.): __________________________

8. Time and date of the incident/assault: ___________________________________

9. Was the incident/assault associated with an organized event?
   Yes___  Please specify:_________________ No ___

10. Describe the incident/assault (check all that apply):
    __ Exposure of the perpetrator's genitals without consent
    __ Sexual contact (fondling, kissing, petting, but not penetration) without consent
    __ Attempted penetration without consent (penetration did not occur)
    __ Oral, anal, or vaginal penetration by penis or other object without consent
    __ Other (please describe) _____________________________

11. Was either party under the influence of alcohol or other drugs at the time of the incident/assault? If yes, please specify: ________________________________
12. Describe the pressure or force used by the perpetrator(s). (Check all that apply):
   ___ Verbal pressure or arguments
   ___ Position of authority (boss, teacher, supervisor, etc.)
   ___ Threat of physical force (with or without a weapon)
   ___ Use of physical force (hit, held down, etc.)
   ___ Gave the Victim/Survivor alcohol or other drugs resulting in significant incapacitation
   ___ Victim/survivor was unconscious or blacked out during incident/assault
   ___ Victim/survivor suspects that date rape drugs were involved in the incident/assault
   ___ Other (please describe) ____________________

13. Was a weapon used in the incident/assault? Yes___ (If yes, type _______________) No___

14. Number of perpetrators: __________

15. Description of perpetrator(s): _________________________________________________

16. Status of perpetrator(s): Student___ Faculty___ Staff___ No campus role___ Unknown___

17. Describe the nature of the relationship of the perpetrator(s) to the Victim/Survivor prior to the incident/assault:
   Stranger ___ Spontaneous date (i.e. met at a bar or party) ___ Planned first date ___ Romantic acquaintance or on-going relationship ___ Friend or nonromantic acquaintance ___ Relative ___ Other ___

18. Other WU departments/staff/groups to whom the Victim/Survivor has reported this:
   Office of Residential Life (5-5050) ___
   WU Police Department (5-5555) ___
   Student Health Services (5-6666) ___
   Uncle Joe's Peer Counseling (5-5099) ___
   Judicial Administrator (5-4174) ___
   SARAH (5-8080) ___
   Other _______________________

19. Other individuals at WU with whom the Victim/Survivor has talked with about this:
   Friend ___ RA ___ Faculty member ___ Staff member ___ Judicial Administrator ___
   WUPD ___ Other _______________________

20. Did you refer the Victim/Survivor to other resources on- or off-campus? Yes___ No___
    If so, please describe: _______________________________________

21. Does the Victim/Survivor want to be contacted by the Assistant Director for Sexual Assault and Community Health Services? Yes ___ No ___
    Name: _______________ Phone: ___________________
    A support person may also contact Kim Webb on the victim/survivor’s behalf, with permission from the victim or survivor.

22. Additional Comments: ________________________________________________
_________________________________________________________________________
_________________________________________________________________________

By hitting the submit button, this report will anonymously go to Kim Webb, Assistant Director for Sexual Assault and Community Health Services. If you have questions, would like more information or wish to further discuss your experience, please contact Kim directly at 314-935-8761 or kim_webb@wustl.edu

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