

**Washington University in St. Louis**  
**Anonymous Report of Sexual Assault, Rape, and Other Forms of Sexual Violence**

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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.

**For information on helping a survivor cope with sexual assault, visit [coping.wustl.edu](http://coping.wustl.edu).**

COSA hopes 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 *not* mandatory. Completion of the form is *one* option for reporting; it does not propel other WU procedures (e.g. police report, judicial hearing process), nor does it preclude other 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:

- may be submitted anonymously.
- will be held in the strictest confidence. All information contained on this form will be kept confidential *except in the case of an ongoing threat to the community* that the University is obligated to address. All efforts will be made to protect the victim/survivor's anonymity; no information should be included which might identify the victim/survivor, unless requested by the victim/survivor.
- will be used to measure incidents which directly relate to the WU community. At the end of each semester, COSA collects data from the forms without reference to names, makes aggregate information about the nature and frequency of sexual assaults available to the public upon request, and destroys the forms.
- is available online at [coping.wustl.edu](http://coping.wustl.edu).

COSA values your input. Please address any questions or concerns to Jami Ake, COSA Co-Chair, at 935-8172, [jake@wustl.edu](mailto:jake@wustl.edu), or campus box 1029.

**Washington University in St. Louis**  
**ANONYMOUS REPORT OF SEXUAL ASSAULT,**  
**RAPE, AND OTHER FORMS OF SEXUAL VIOLENCE**

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1. Are you reporting an incident/assault that happened to you?  
Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, please skip to question 6.)  
  
Are you reporting an incident/assault that the Victim/Survivor discussed with you?  
Yes \_\_\_\_\_ No \_\_\_\_\_
2. Name of person making this report: \_\_\_\_\_
3. Department/Organization: \_\_\_\_\_
4. Phone: \_\_\_\_\_
5. When did the Victim/Survivor first discuss the incident/assault with you? \_\_\_\_\_
6. Did the incident occur while the Victim/Survivor was enrolled at WU?  
Yes \_\_\_\_\_ No \_\_\_\_\_
7. Victim/Survivor's Gender: \_\_\_\_\_ 8. Race \_\_\_\_\_ 9. Age: \_\_\_\_\_ 10. Year in School: \_\_\_\_\_
11. Victim/Survivor's Residence:  
Residence Hall \_\_\_\_\_ Fraternity House \_\_\_\_\_ Village \_\_\_\_\_ WU Apt. \_\_\_\_\_ Off-campus Apt. \_\_\_\_\_  
Family home (In-town Student) \_\_\_\_\_
12. 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) \_\_\_\_\_
13. Specific location of the incident/assault (name of building, street, etc.): \_\_\_\_\_
14. Time and date of the incident/assault: \_\_\_\_\_
15. Was the incident/assault associated with an organized event ?  
Yes \_\_\_\_\_ Please specify: \_\_\_\_\_ No \_\_\_\_\_
16. 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 intercourse without consent (penetration did not occur)  
 Intercourse (oral, anal, or vaginal penetration by penis or other object) without consent  
 Other (please describe) \_\_\_\_\_
17. Was either party under the influence of alcohol or other drugs at the time of the incident/assault? If yes, please specify: \_\_\_\_\_

18. 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) \_\_\_\_\_

19. Was a weapon used in the incident/assault? Yes \_\_\_ (If yes, type \_\_\_\_\_) No \_\_\_

20. Number of perpetrators: \_\_\_\_\_

21. Description of perpetrator(s): \_\_\_\_\_

22. Status of perpetrator(s): Student \_\_\_ Faculty \_\_\_ Staff \_\_\_ No campus role \_\_\_ Unknown \_\_\_

23. 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 \_\_\_

24. Other WU departments/staff/groups to whom the Victim/Survivor has reported this:

*Crisis Counselor (Karen Levin Coburn 5-5040 or Lisa Sinden-Gottfried 5-6695)* \_\_\_

*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* \_\_\_\_\_

25. Other individuals at WU with whom the Victim/Survivor has talked with about this:

Friend \_\_\_ RA \_\_\_ Faculty member \_\_\_ Staff member \_\_\_ Judicial Administrator \_\_\_

WUPD \_\_\_ Other \_\_\_\_\_

26. Did you refer the Victim/Survivor to other resources on- or off-campus? Yes \_\_\_ No \_\_\_

If so, please describe: \_\_\_\_\_

27. Does the Victim/Survivor want to be contacted by a Crisis Counselor? Yes \_\_\_ No \_\_\_

If yes, you may contact the Crisis Counselor on his/her behalf (see # 24). If you prefer, COSA will do it for you if you provide the victim/survivor's contact information here.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

28. Additional Comments:

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**Please complete this form and send it in a sealed envelope labeled "confidential" to  
Jami Ake, Co-Chair of the Committee on Sexual Assault, Campus Box 1029.**

*August 2007*