

Counseling Center Sexual Misconduct Report Form

Sexual Misconduct includes: assault, rape, and all other forms of sexual violence

Before using this form to report an incident/assault that has been discussed with you, inform the individual of your intention to complete this form and offer to complete the form together. Information contained on this form is intended to be kept confidential; however exceptions may be made 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 student's privacy; no information should be included which might identify the individual, unless requested by the victim/survivor.

As an institution, it is our goal to determine the details of these types of incidents so that we may direct people to the appropriate resources and offer assistance wherever possible. In addition, we hope that having a greater understanding of what happens on campus will benefit us as we try to design and implement future educational and intervention efforts.

Please return this form in a sealed envelope to the **Shaw University Counseling Center**

1. Are you reporting an incident/assault that happened to you or an incident/assault discussed with you?

- Incident/Assault happened to me (Please skip to Question 4)
 Incident/Assault was discussed with me by the Victim/Survivor
 Incident/Assault was discussed with me by a friend of the victim/survivor

2. Reporter: _____ Phone: _____

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

4. Did the incident occur while the Victim/Survivor was enrolled at Shaw? Yes No

5. Victim/Survivor Gender: Male Female Race: _____ Age: ____ Year in School

6. Victim/Survivor's Residence: _____

- Residence Hall Greek House Off Campus Apt. Campus Apt. Local Resident

7. Location of Incident/ Assault: On Campus (Check appropriate response below)

- Residence Hall Greek House Other campus building Outdoors Automobile
 Other (Please Describe) _____

8. Describe location of incident/assault (name of building, street, etc.): _____

9. Time and Date of incident/assault: _____

10. Was the incident/assault associated with an organized event (campus sponsored or not)? Yes No Please specify: _____

11. Describe the incident/assault (check all that apply):

- Exposure of the attacker'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): _____

12. Was either party under the influence of alcohol or other drugs at the time of the incident/assault?

- Victim/Survivor: Alcohol? Yes No Other Drugs? Yes No
Attacker(s): Alcohol? Yes No Other Drugs? Yes No

13. Describe the pressure or force used by the attacker(s). Check all that apply:

- Verbal pressure or arguments
- Position of authority (boss, teacher, supervisor, etc.)
- Threat of physical force (with or without weapon)
- Use of physical force (hit, held down, etc.)
- Gave the victim/survivor alcohol or 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): _____

14. Was a weapon used in the incident/assault? Yes No Type: _____

15. Number of attacker(s): _____

Description of attacker(s):

16. Status of attacker(s): Student Faculty Staff No campus role Unknown

17. Describe the nature of the relationship of the attacker(s) to the Victim/Survivor prior to the incident/assault: Stranger Spontaneous date (i.e met at bar or party) Planned first date Romantic acquaintance/ongoing relationship Friend or nonromantic acquaintance Relative Other (describe) _____

18. Other departments at Shaw University the Victim/Survivor has reported this incident/assault to or discussed it with: _____

19. Other individuals at Shaw University the Victim/Survivor has talked with about this incident: Friend RA Faculty member Staff Member Other _____

Please return this form in a sealed envelope marked:

<p>CONFIDENTIAL Project Coordinator/Victim Advocate Email: jcarver@shawu.edu Counseling Center</p>
--

Shaw University Campus Security and Police:

(919) 546-8249

Shaw University has confidential resources available:

Counseling Center: 919-546-8203

Off-Campus confidential resource: Interact/24 hour Crisis Line for Sexual Assault (919) 828-3004 and (919) 828-7740 for Domestic Violence, which serves males as well as females, has a 24-hour rape crisis advocate and hotline who can offer assistance. The North Carolina Coalition Against sexual assault provides resources as well and can be contact at (919) 871-1015.

For more information on Shaw University's policies, procedures and resources related to incidents sexual misconduct, please visit: <https://www.shawu.edu/HBCU> under Forms and Documents

For Office Use Only

Did you refer the Victim/Survivor to other resources on or off campus? Yes No

Name of victim/survivor (only if they wish to disclose) _____

How to contact Victim/Survivor (only if they wish to be contacted) _____