

# Anonymous Report Form

## INTERPERSONAL VIOLENCE INCIDENT

Old Dominion University is committed to a learning and living environment free of violence. To help support our efforts in responding to interpersonal violence and understanding the campus climate at ODU, we ask that you complete this form and return it to the Office of Student Affairs or the Women's Center.

**Student Engagement & Enrollment Services**  
Old Dominion University  
2008 Webb Center  
Norfolk, VA 23529

**Women's Center**  
Old Dominion University  
1000 Webb Center  
Norfolk, VA 23529

### Please note:

**Completing this form does NOT constitute a police report or a student conduct report. You will not be contacted by the university unless you indicate a desire to be contacted.**

To file a complaint related to sexual harassment, including sexual misconduct or assault, contact the following office:

#### ReNee' Dunman, Title IX Coordinator

Office of Institutional Equity & Diversity  
121 Spong Hall  
757.683.3141

To file an official report for criminal action, contact:

ODU Police Department: 757.683.4000

Norfolk Police Department: 911 or 757.441.5610

## Resources

### ODU Women's Center:

757.683.4109

Sexual assault victim advocacy, crisis intervention, education & outreach

### YWCA Sexual & Domestic Violence Services:

757.226.YWCA (9922)

Sexual and domestic violence support, education and advocacy; 24 hr. hotline with crisis counselors available 24/7

### ODU Student Health Services:

757.683.3132

Medical care for sexual assault victims, not including evidence collection, by appointment or as a walk in M-F 8am-5pm, W 8am-7pm

### Sentara Norfolk General Hospital:

911 or 757.388.3551

Medical care for sexual assault victims that includes evidence collection; 24 hour emergency services

### ODU Counseling Services:

757.683.4401

Supportive counseling for sexual assault victims including assessment and referral

### National Sexual Assault Hotline:

1.800.656.HOPE



OLD DOMINION  
UNIVERSITY

# Anonymous Report Form

## INTERPERSONAL VIOLENCE INCIDENT



### Interpersonal Violence includes:

**Sexual assault** is a broad term that encompasses any sexual activity that occurs without the victim's consent. It is one of the most under reported crimes in the United States.

**Relationship violence** is a pattern of physically, sexually, and/or emotionally abusive behaviors used against an intimate partner or family member.

**Stalking** is repeated harassment that causes a person fear.

*All three crimes are used to maintain power and control over another person.*



WOMEN'S CENTER  
1000 Webb Center  
757.683.4109  
womenctr@odu.edu  
<http://www.odu.edu/womenscenter>



# Anonymous Report Form

Today's Date: \_\_\_\_\_

## Information on the Incident

If the survivor chooses for the offense to be recorded in college statistics, this section must be completed in full.

Date of offense: \_\_\_\_\_ Time of offense: \_\_\_\_\_ a.m./p.m.

**Type of offense/ incident:** (check all that apply)

Forcible is defined here as any sexual act directed against another person, forcibly and/or against that persons will; or not forcibly or against the persons will where the victim is incapable of giving consent.

- |   |  |
|---|--|
| <input type="checkbox"/> Forcible Rape<br><small>Sexual intercourse against one's will or where victim is incapable of giving consent</small> | <input type="checkbox"/> Sexual Harassment                                   |
| <input type="checkbox"/> Forcible Sodomy<br><small>Oral or anal sexual intercourse</small>  | <input type="checkbox"/> Stalking<br><small>Including cyber stalking</small> |
| <input type="checkbox"/> Sexual Assault with an object<br><small>Sexual penetration with an object including a finger</small>                 | <input type="checkbox"/> Relationship/Dating Violence                        |
| <input type="checkbox"/> Forcible Fondling<br><small>Touching of private body parts</small>   | <input type="checkbox"/> Other: _____  |

**Was either of the persons under the influence of alcohol or drugs at the time of the incident?**

- Survivor       Assailant       Both       Neither

Note: Reporting drug or alcohol use here will not result in any sanctions for the survivor or offender.

**Place of offense:** (check all that apply)

- On Campus/ Residential     Off Campus/ Residential     Unknown  
 On Campus/ Non-residential     Off Campus/ Non-residential     Other: \_\_\_\_\_

**Please give a brief description of the incident:** (additional pages may be attached)

## Follow Up

**To your knowledge, has the incident been reported to the police or Student Affairs?**

- Yes       No       Unknown

**If yes, please list the agencies that received the report:** \_\_\_\_\_

**What was the response or action?** \_\_\_\_\_

**Are you satisfied with the response?**     Yes       No

**If not reported, what was/were the reason(s) for not reporting?** \_\_\_\_\_

**What resources has the survivor used so far?**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Student Engagement & Enrollment Services | <input type="checkbox"/> Counseling Services                      | <input type="checkbox"/> Office of institutional Equity & Diversity |
| <input type="checkbox"/> Student Health Services                  | <input type="checkbox"/> Residence Assistant or Hall Director     |   |
| <input type="checkbox"/> Women's Center                           | <input type="checkbox"/> YWCA Sexual & Domestic Violence Services |   |
| <input type="checkbox"/> ODU Police                               | <input type="checkbox"/> Norfolk Police Department                |   |

\* Adapted from Eastern Oregon University Anonymous Report Form.

## Information on the Alleged Offender(s) (i.e., person/people who committed the offense)

Sex of alleged offender(s): \_\_\_\_\_ Number of alleged offender(s): \_\_\_\_\_

**Affiliation to ODU:**

- Undergraduate student     Not affiliated  
 Graduate student     Unknown  
 Faculty     Other: \_\_\_\_\_  
 Staff

**Residence:**

- Residence hall  
 Off campus housing  
 Unknown  
 Other: \_\_\_\_\_

**Alleged offender's relationship to the assaulted on:** (check all that apply)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Partner or lover                | <input type="checkbox"/> Work supervisor | <input type="checkbox"/> Met same day, socially     |
| <input type="checkbox"/> Ex-partner, ex-spouse, ex-lover | <input type="checkbox"/> Faculty member  | <input type="checkbox"/> Met same day, non-socially |
| <input type="checkbox"/> Spouse                          | <input type="checkbox"/> Acquaintance    | <input type="checkbox"/> Friend                     |
| <input type="checkbox"/> Colleague or co-worker          | <input type="checkbox"/> Stranger        | <input type="checkbox"/> Family member              |

## Information on the Survivor

Sex of survivor: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Name (optional): \_\_\_\_\_

**Affiliation to ODU:**

- Undergraduate student     Not affiliated  
 Graduate student     Unknown  
 Faculty     Other: \_\_\_\_\_  
 Staff

**Residence:**

- Residence hall  
 Off campus housing  
 Unknown  
 Other: \_\_\_\_\_

## Information about the Person Completing the Form

- |   |  |
|---|--|
| <input type="checkbox"/> Survivor or victim     | <input type="checkbox"/> Family member |
| <input type="checkbox"/> Witness or observer    | <input type="checkbox"/> Partner       |
| <input type="checkbox"/> Agency or staff person | <input type="checkbox"/> Other: _____  |
| <input type="checkbox"/> Roommate or house mate |  |

**You have just completed the anonymous report form. If you choose to continue, any further information you provide may no longer remain anonymous.**

**I would like to be contacted by:**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Women's Center                           | <input type="checkbox"/> YWCA Sexual & Domestic Violence Services | <input type="checkbox"/> I do not want to be contacted by anyone. I submitted this form for statistical purposes only. |
| <input type="checkbox"/> Student Health Services                  | <input type="checkbox"/> Counseling Services                      |  |
| <input type="checkbox"/> Student Engagement & Enrollment Services | <input type="checkbox"/> Other: _____                             | <input type="checkbox"/> Office of institutional Equity & Diversity for Title IX complaint                             |

**Please write your name and telephone number below:**

Name: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Name(s) of alleged offender(s) and/or group (optional): \_\_\_\_\_

**If an alleged offender's name or group affiliation is listed, the university may be required to take action with the offender or group. Therefore, this information may no longer remain confidential.**

**Submit**