

# NORWICH UNIVERSITY ANONYMOUS REPORT FORM

## Sexual Harassment, Sexual Assault, Relationship Violence & Stalking

Norwich University takes sexual harassment, including issues of sexual and interpersonal violence, seriously. If you as a student, survivor or reporter wish to remain anonymous, fill out this anonymous report form. The university will use this information for statistical purposes, to better understand the scope of sexual violence on campus, and to develop and implement preventative efforts.

**If you wish to discuss a concern while maintaining confidence to the greatest extent possible, the Sexual Assault Crisis Team of Washington County (SACT) is an off-campus, community resource that provides free, confidential support. SACT can also arrange for campus-based services or off-campus accommodations. (802) 479-5577 (24-hour hotline) • (802) 476-1388 (office) • [sactwc@aol.com](mailto:sactwc@aol.com)**

To submit an anonymous report of sexual misconduct or sexual assault, please fill out the form below to the best of your ability, and place it in a sealed envelope labeled **NU Box 63**, or SACT, and drop it in the campus mail. **A locked drop box can also be found on the lower level of the Infirmary (Marsilius Hall)**, which can be accessed during regular office hours.

APPROXIMATE INCIDENT DATE (MM/DD/YY)	APPROXIMATE TIME OF INCIDENT (Hour/minute - a.m. or p.m.)
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**Please note that some questions ask you to check all the answers that apply, so you may make more than one selection.**

<b>Location of incident (check all that apply)</b>	<b>How does the offender identify (check all that apply)</b>
On NU campus <input type="checkbox"/>	Male <input type="checkbox"/>
Off NU campus <input type="checkbox"/>	Female <input type="checkbox"/>
NU residence hall/barracks <input type="checkbox"/>	Transgender <input type="checkbox"/>
NU team, academic major or affiliated off-campus rental housing <input type="checkbox"/>	Gay/Lesbian <input type="checkbox"/>
NU administrative or academic hall <input type="checkbox"/>	Unknown <input type="checkbox"/>
NU event/activity <input type="checkbox"/>	If more than one offender, please indicate number:
Other, or not sure of location (please explain on reverse) <input type="checkbox"/>	<b>Was alcohol or drugs involved (check all that apply)</b>

<b>Survivor's affiliation to NU (check all that apply)</b>	<b>Was alcohol or drugs involved (check all that apply)</b>
Student <input type="checkbox"/>	No <input type="checkbox"/>
Staff <input type="checkbox"/>	Yes (both survivor and offender) <input type="checkbox"/>
Faculty <input type="checkbox"/>	Yes (only offender) <input type="checkbox"/>
Unknown <input type="checkbox"/>	Yes (only survivor) <input type="checkbox"/>
Not Affiliated <input type="checkbox"/>	<b>Type of behavior experienced (check all that apply)</b>
Other (please indicate): <input type="checkbox"/>	Sexual advances or request for sexual favors <input type="checkbox"/>

<b>Offender's affiliation to NU (check all that apply)</b>	<b>Type of behavior experienced (check all that apply)</b>
Student <input type="checkbox"/>	Other verbal or physical conduct of a sexual nature, of any kind and in any form, that interferes with the academic or employment experience because it has created an intimidating, hostile or offensive environment <input type="checkbox"/>
Student Leader <input type="checkbox"/>	Sexual contact without consent <input type="checkbox"/>
Staff <input type="checkbox"/>	Non-consensual intercourse or penetration <input type="checkbox"/>
Faculty <input type="checkbox"/>	Stalking—unwanted following, calling, or contact by any means by a person who has been told to stop <input type="checkbox"/>
Unknown <input type="checkbox"/>	Dating violence—physical, emotional, psychological and/or sexual violence within an intimate partner relationship <input type="checkbox"/>
Not Affiliated <input type="checkbox"/>	Dating violence—physical, emotional, psychological and/or sexual violence within a dating relationship <input type="checkbox"/>
Other (please indicate): <input type="checkbox"/>	Public indecency—exposing one's genitals, flashing, mooning <input type="checkbox"/>

<b>How does survivor identify (check all that apply)</b>	<b>Type of behavior experienced (check all that apply)</b>
Male <input type="checkbox"/>	Other sexual invasion or non-consensual act not described (please explain on reverse) <input type="checkbox"/>
Female <input type="checkbox"/>	
Transgender <input type="checkbox"/>	
Gay/Lesbian <input type="checkbox"/>	
Unknown <input type="checkbox"/>	

**DESCRIPTION OF EVENTS:**

**WOULD YOU LIKE SACT\* TO CONTACT YOU REGARDING THIS INCIDENT? (OPTIONAL)**  Yes  No

**\*SACT is a confidential resource and will not disclose your identity should you choose to be contacted for further support.**

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

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

Email: \_\_\_\_\_

Best time to contact: \_\_\_\_\_