

# Anonymous Report Form

## Sexual or Relationship Violence Incident

In order to understand the campus climate and plan a response to sexual and dating violence, we ask that you complete this form and return it to one of the offices listed below. This form is used to gather information regarding the incidence of sexual and dating violence on and around our campus. It is not necessary for you to be the survivor to complete this information.

**Please note:** *Completing this form does NOT constitute a police report nor a student conduct report. You will not be contacted by the university unless you indicate a desire to be contacted.*

- To file an official report for criminal action, contact Campus Safety at 541-885-1111 or the Klamath Falls Police Department at 541-883-5336
- To file a student conduct report, contact Office of Student Affairs at 541-885-1011

Please place this report in an envelope and mail or deliver to one of the following locations:

**Student Affairs Office**  
College Union 217  
Klamath Falls, OR 97601

**Integrated Student Health Center**  
Student Health Bldg  
Klamath Falls, OR 97601

*If you have questions about the form or need help filling it out, contact the Dean of Students at 541-885-1013.*

## Primary Resources Available twenty-four hours a day

Klamath Basin Behavioral Health Mo 541-885-1094 Office of DICE & Title 885-0182

Oregon Tech is an affirmative-action, equal-opportunity institution committed to cultural diversity and compliance with the Americans with Disabilities Act.

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

## Information on the Survivor (victim)

Name: (optional) \_\_\_\_\_ Gender: . Date of Birth: \_\_\_\_\_

*Providing date of birth is a confidential means to differentiate incidents and reduce duplicate statistics.*

### Affiliation to OIT:

- Undergraduate student
- Graduate student
- Faculty
- Staff
- Not Affiliated
- Unknown
- Other \_\_\_\_\_

### Residence:

- Residence Hall
- Village apartment
- Off-campus
- Other \_\_\_\_\_

## Information on the Offender(s) (i.e., person or people who committed the assault)

Number of offender(s): \_\_\_\_\_ Gender of offender(s): \_\_\_\_\_

Name(s) of offender(s): (optional) \_\_\_\_\_

*[Please continue to back of form]*