

# COMPLAINT FORM FOR SEXUAL ASSAULT VIOLATIONS

College of Saint Benedict  
Saint John's University  
Order of Saint Benedict  
**SELF REPORT FORM**

## For Office Use Only

1. Date complaint filed with Human Rights Officer \_\_\_\_\_.
2. Date of service of complain on respondent \_\_\_\_\_.
3. Date of respondent response \_\_\_\_\_.

### 1. Complainant:

Name: \_\_\_\_\_  
Year in School: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

### 2. Respondent:

Name: \_\_\_\_\_  
Year in School: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

3. Date of Report: \_\_\_\_\_ Time: \_\_\_\_\_ 4. Date of Violation: \_\_\_\_\_ Time: \_\_\_\_\_

4. Location(s) of Incident(s): \_\_\_\_\_

### 5. Type of Discrimination or Harassment (check all that apply):

- a. Race/Color \_\_\_\_\_ c. Sex \_\_\_\_\_ e. Sexual Orientation \_\_\_\_\_ g. National Origin \_\_\_\_\_  
b. Disability \_\_\_\_\_ d. Age \_\_\_\_\_ f. Religion \_\_\_\_\_ h. Other \_\_\_\_\_

## INFORMATION REGARDING THE COMPLAINANT

### 6. Relationship to the Institution:

- Undergraduate
- Graduate
- Prep
- Faculty
- Staff
- Visitor
- Other \_\_\_\_\_

### 7. Complainant lives:

- On campus
- Off campus

### 8. Race/Ethnicity:

- Asian
- Black
- Hispanic/Latino
- American Indian
- White
- Mixed
- Other \_\_\_\_\_

## INFORMATION REGARDING THE RESPONDENT(S)

9. Number of Respondents: \_\_\_\_\_

### 10. Race/Ethnicity of Respondent(s):

- Asian
- Black
- Hispanic/Latino
- American Indian
- White
- Mixed
- Multiple Offenders of different race
- Unknown
- Other: \_\_\_\_\_

### 11. Respondent(s) Live(s):

- On Campus
- Off Campus \_\_\_\_\_
- Multiple offenders from different locations
- Unknown

### 12. Relationship to victim:

- Stranger
- Acquaintance
- Classmate
- Date
- Partner/Lover
- Ex-partner/Ex-Lover
- Spouse
- Ex-spouse
- Faculty
- Staff
- Supervisor
- Unknown
- Other \_\_\_\_\_

**13. Was Respondent using:**

- a. Drugs
- b. Alcohol
- c. Unknown

**15. Relationship to Institution:**

- a. Undergraduate
- b. Graduate
- c. Prep
- d. Faculty
- e. Staff
- f. Visitor
- g. Multiple offenders of different affiliation
- h. Unknown
- i. Other \_\_\_\_\_

14. Approximate ages of Respondent(s): \_\_\_\_\_

**TO THE EXTENT POSSIBLE, THE IDENTITY OF THE COMPLAINANT WILL REMAIN CONFIDENTIAL**

**RESPONSE/RESOURCES/SERVICES**

**16. Does the complainant plan on taking action against the respondent(s):**

- a. Yes
- b. No
- c. Unknown at this time

**17. If yes, circle all that apply:**

- a. Internal complain
- b. Criminal complaint
- c. Civil suit
- d. Unknown
- e. Other \_\_\_\_\_

**18. What resources/services has the complainant been connected with at this time:**

- a. Human Rights Office
- b. Security Department
- c. Student Development
- d. Residential Life
- e. Counseling Center
- f. Health Center – SJU
- g. Health Educators – CSB
- h. Campus Ministry
- i. Academic Advising
- j. St. Cloud Hospital
- k. Local Law Enforcement
- l. Sexual Assault Center
- m. Battered Women’s Shelter
- n. Other \_\_\_\_\_

**SIGNATURES:**

\_\_\_\_\_  
**Complainant**

\_\_\_\_\_  
**Human Rights Officer**

Date: \_\_\_\_\_

Date: \_\_\_\_\_

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OUTCOMES:
Complainant: _____
Respondent: _____
University: _____
Criminal: _____
Other: _____

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Human Rights Case# _____
CSB Security Case # _____
SJU Life Safety Case # _____

**Please complete and return this form in a sealed envelope marked “Confidential” to:**  
**At CSB: Jody Terhaar, Room 227, Mary Commons, CSB St. Joseph, MN 56374**  
**At SJU: Mike Connolly, Sexton 210, SJU, Collegeville, MN 56321**  
**If you have questions call (320) 363-5601 at CSB and (320) 363-3717 at SJU**