

COMPLAINT FORM FOR SEXUAL ASSAULT VIOLATIONS

College of Saint Benedict
Saint John's University
Order of Saint Benedict
THIRD PARTY REPORT

For Office use Only

1. Date complaint filed with human rights officer _____
2. Date of service of complaint on respondent _____
3. Date of respondent response _____

The purpose of this form is to gather statistical information regarding sexual assault incidents. It may be used when a victim does not want to report the assault herself or himself. Use of this form does not require the disclosure of identifying information regarding the victim.

1. Date of report: _____ Time: _____
2. Date of assault: _____ Time: _____
3. Gender of victim: _____ female _____ male
4. Age of victim at time of assault (if known): _____ Date of birth of victim: (if known): _____
5. Name of person completing this form: _____
6. Name of victim (optional): _____

PLEASE CIRCLE THE APPROPRIATE RESPONSE, IF INFORMATION IS KNOWN

INFORMATION REGARDING THE VICTIM

7. Relationship to the institution:
 - a. Undergraduate
 - b. Graduate
 - c. Prep
 - d. Faculty
 - e. Staff
 - f. Visitor
 - g. Other _____
8. Victim lives:
 - a. On campus
 - b. Off campus
9. Race/Ethnicity:
 - a. Asian
 - b. Black
 - c. Hispanic/Latino
 - d. American Indian
 - e. White
 - f. Mixed
 - g. Other _____

INFORMATION REGARDING THE VIOLATION:

10. Type of assault reported: (circle all that apply)
 - a. Penetration: vaginal, oral, anal
 - b. Attempted Penetration
 - c. Sexual Contact
 - d. Other _____
11. If victim was using alcohol or drugs, was he/she pressured to consume/use:
 - a. yes
 - b. no
12. Was the victim using: (circle all that apply)
 - a. Alcohol
 - b. Drugs
 - c. None
13. Type of coercion/force present
 - a. Verbal
 - b. Physical
 - c. Use of drugs
 - d. Abduction
 - e. Presence
 - f. Threat of injury or death
 - g. Other _____
14. Place where the assault occurred: (circle all that apply)
 - a. CSB
 - b. SJU
 - c. St. John's prep
 - d. Off Campus _____
 - e. Complainant's Residence
 - f. Offender's Residence
 - g. Car/Vehicle
 - h. Academic Building
 - i. Residence Hall _____
 - j. Public Campus Facility _____
 - k. Parking Lot _____
 - l. Outdoors _____
 - m. Other _____

INFORMATION REGARDING THE RESPONDENT(S)

16. Number of respondents: _____
17. Race/Ethnicity of respondent(s):
a. Asian
b. Black
c. Hispanic/Latino
d. American Indian
e. White
f. Mixed
g. Multiple Offenders of different race
h. Unknown
i. Other: _____
18. Respondent(s) live(s):
a. On Campus
b. Off Campus _____
19. Relationship to victim:
a. Stranger
b. Acquaintance
c. Classmate
d. Date
e. Partner/Lover
f. Ex-partner/Ex-Lover
g. Spouse
h. Ex-spouse
i. Faculty
j. Staff
k. Supervisor
l. Unknown
m. Other _____
20. Was respondent using:
a. Drugs
b. Alcohol
c. Unknown
21. Gender of respondent(s)
a. Male
b. Female
22. Approximate ages of respondents(s): _____
23. 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 _____

TO THE EXTENT POSSIBLE, THE IDENTITY OF THE REPORTER AND/OR VICTIM WILL REMAIN CONFIDENTIAL.

RESPONSE/RESOURCES/SERVICES

24. Does the victim plan on taking action against the respondent(s):
a. Yes
b. No
c. Unknown at this time
25. If yes, circle all that apply:
a. Internal complaint
b. Criminal complaint
c. Civil suit
d. Unknown
e. Other _____
26. Has the victim received a campus sexual assault information packet:
a. Yes
b. No
27. What resources/services has the victim 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 _____

Office Use Only OUTCOMES: Victim: _____ Respondent: _____ University: _____ Criminal: _____ Other: _____
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Office Use Only: Human Rights Case # _____ CSB Security Case # _____ SJU Life Safety Case # _____
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**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 210A, SJU, Collegeville, MN 56321
If you have questions call (320) 363-5601 at CSB and (320) 363-3171 at SJU.**