

University of Pittsburgh at Johnstown
Sexual Assault Anonymous Reporting Form

Read and complete the form and send to:
Pitt-Johnstown Chief of Police – Campus Police Suite, Physical Plant Building, Johnstown, PA 15904

Read this before completing the form:

Student health and safety are primary concerns of the University of Pittsburgh at Johnstown. Sexual assault and rape are crimes of violence and control, using sex acts as a weapon. Many on and off-campus resources are available to assist survivors of sexual assault and rape. We strongly encourage all survivors to seek help.

This is NOT a police report.
To file a police report, contact the Pitt-Johnstown Police Department at 814-269-7005

This form is intended for the anonymous and confidential reporting of sexual assault and rape.

This form was designed to allow survivors of sexual violence – as well as others with whom they discuss these incidents – to bring the misconduct to the attention of the University. Data collected from this form will help us better understand the extent of the problem, plan more effective prevention and response efforts, and create a safer campus community.

The form is one option for reporting sexual assault or rape. Completion of this form does not initiate a police investigation or judicial action. However, if it is determined that there is an ongoing threat to the campus community the University is obligated to investigate such incidents, especially those involving weapons or multiple alleged victims. Survivors who complete this form may choose whether or not they also wish to file a police report or pursue judicial action.

Anyone can submit a form on behalf of themselves or a survivor. The form should only be completed with the knowledge and permission of the survivor. Only information reported by the survivor, resources provided to the survivor, and behavior observed in the survivor should be reported on this form. This form is not intended as a checklist to interview the survivor.

Prior to completing the form, please note that the form:

- May be submitted anonymously
 - Will be held in the strictest confidence possible. All information contained on this form will be kept confidential except in the case of an ongoing threat to the community that the University is obligated to address. All efforts will be made to protect the survivor's anonymity; no information should be included which might identify the survivor unless explicitly requested by the survivor.
 - Will be used in the compilation of statistical reports in compliance with federal law.
-

Today's Date:

PLEASE SELECT WHICH BEST DESCRIBES YOU

I have been sexually assaulted/raped and I am looking for information and resources.
I am helping someone who has been sexually assaulted/raped.

ABOUT THE SURVIVOR

Gender:

Race:

Age at time of assault:

Current age:

Current University Affiliation:

If survivor is a student, year in school:

Residence:

ABOUT THE OFFENDER(S)

(I.e. person or persons who committed the assault)

Offender was:

University Affiliation:

Student

Faculty

Staff

Alumni

(If multiple offenders, check all that apply)

Unknown

Other

Not Affiliated

Residence:

(If multiple offenders, check all that apply)

On Campus

Off Campus

Unknown

Offender's relationship to the survivor:

(Check all that apply)

Partner or Lover

Acquaintance

Ex-partner, Ex-spouse, Ex-lover

Work supervisor

Spouse

Met same day

Colleague or co-worker

Stranger

Faculty member

Other

ABOUT THE ASSAULT

Date of Assault:

Time:

(If exact time is unknown, enter best approximation)

Location of Assault:

Description of specific location where assault occurred:

If Coercion/Force Used: (Check all that apply)	Verbal pressure or arguments	Use of weapon (s)
	Position of authority (employer, staff, faculty, etc.)	Other
	Threat of physical force	Use of physical force

Was alcohol or other drugs involved?

The survivor used alcohol:

The survivor used other drugs:

The offender(s) used alcohol:

The offender(s) used other drugs:

Does the survivor suspect that they were drugged involuntarily?

Was drug testing done?

Description of the incident:

INTERVENTION & FOLLOW-UP

**Is this the first time the survivor is reporting this to the University?
As a result of the assault, the survivor has already acquired assistance from or used the following resources (check all that apply)**

Campus Resources

Health and Counseling Services – 814-269-7119	Campus Police – 814-269-7005
Housing and Residence Life – 814-269-7115	Office of Student Conduct – 814-269-7062
Office of Equity and Inclusion – 814-269-7070	Other

Off Campus Resources

Hospital or other health care	Mental health provider or facility
Victim Services, Inc. – 800-755-1983	Police department/law enforcement
Women’s Help Center – 800-999-7406	Other

Did the survivor receive medical treatment as a result of the assault?

Was sexual assault evidence collected?

Does the survivor plan to take action against the offender(s)?

If yes, check all actions planned:

Campus Police –814-269-7005	Anonymous Report
Other law enforcement agency	Other
Office of Student Conduct	

Please check options provided below:

Referred to the following Campus Resources:

Health and Counseling Services 814-269-7119	Office of Equity and Inclusion 814-269-7070
Campus Police 814-269-7005	Office of Student Conduct – 814-269-7062
Housing and Residence Life 814-269-7115	

Referred to the following Off Campus Resources:

Hospital or other health care facility	Women’s Help Center – 800-999-7406
Conemaugh Hospital – 814-534-9000	Mental health provider
Windber Hospital – 814-467-3000	
Victim Services, Inc - 800-755-1983	Other

Provided other forms of support:

Provided educational material
Helped contact family or friend
Other

Suggested Supportive Comments:

(Check all that apply)

Told survivor it wasn't her/his fault

Told survivor that you were glad they told you

Told survivor they have a lot of courage to come forward

Encouraged survivor to seek medical attention

Encouraged survivor to seek counseling if they haven't yet

Encouraged survivor to seek support from friends, family and/or other outside agencies

ABOUT THE PERSON COMPLETING THIS FORM

Current University Affiliation:

Other Information You Believe Maybe Relevant: