

St. Bonaventure University Crime and Sexual Violence Options and Requests Form

The individual receiving the Options & Requests must initial each statement and sign the Requests section.

OPTIONS

I received a copy of the **Guide to Understanding Sexual Misconduct**.

_____ YES _____ NO _____ NA

I was informed that I may file a report with the NYS Police and/or local Department. I was informed that the criminal justice process utilizes different standards of proof and evidence and that any questions about whether a specific incident violated the penal code needs to be addressed to law enforcement or the district attorney.

_____ YES _____ NO _____ NA

I am aware that I may file a report with St. Bonaventure University and my formal process options were explained to me.

_____ YES _____ NO _____ NA

I was made aware of where to find the Student Code of Conduct and a description of the University investigation and/or judicial process (<http://www.sbu.edu/codeofconduct>).

_____ YES _____ NO _____ NA

Resources and supportive measures, such as changes in academic, living, transportation, and work situations, have been explained to me. Access to academic, counseling and other support; as well as safety planning, has been explained.

_____ YES _____ NO _____ NA

No contact orders/bans have been explained to me. It was explained that in cases related to sexual violence, if either party observe each other in a public place, it is the responsibility of the respondent/accused to leave the area immediately and without directly contacting the other party. I understand that I can be assisted by Safety and Security or other University officials in obtaining an order of protection in cases where the option is available.

_____ YES _____ NO _____ NA

I was made aware of and received a copy of the Guide to Understanding Sexual Misconduct, outlining resources that are confidential vs. non-confidential/private. I was made aware that within that guide exists the **Student Bill of Rights**. I was made aware that I have the right to consult the Title IX Coordinator and other appropriate institution representative(s) for assistance and information.

_____ YES _____ NO _____ NA

I was provided with information about the importance of preserving evidence and obtaining a sexual assault forensic examination as soon as possible, as well as received information about STIs.

_____ YES _____ NO _____ NA

REQUESTS

I wish to file a report a report with law enforcement at this time. The NYS Campus Sexual Assault Victims Unit Senior Investigator can be contacted at **1-844-845-7269**.

_____ YES _____ NO _____ NA

I wish to have a no contact order(s) at this time.

_____ YES _____ NO _____ NA

I wish to take steps necessary to obtain an order of protection. * *in applicable criminal cases*

_____ YES _____ NO _____ NA

I wish to pursue a formal Title IX complaint at this time.

_____ YES _____ NO _____ NA

I wish to have relocation or other accommodations made at this time.

_____ YES _____ NO _____ NA

I wish to have a building ban(s) at this time.

_____ YES _____ NO _____ NA

I am aware that I may modify this form if I change my mind regarding requests noted or have new needs.

_____ YES _____ NO _____ NA

Date: _____

Time: _____

Location: _____

Respondent: _____

Specific accommodations sought or student comments:

Student (print):_____ Student Signature:_____

Date/Time: _____ ☐AM ☐PM

University Official (print):_____

University Official Signature: _____

Date/Time: _____ ☐AM ☐PM
