

## BSU Campus Security Authorities

(for complete list please visit the following webpage:

[http://www.bowiestate.edu/CampusLife/wellness/pip/relevantinfo/.](http://www.bowiestate.edu/CampusLife/wellness/pip/relevantinfo/))

### Office of Vice President for Student Affairs

Dr. Artie Travis – (301) 860-3391

### Office of Student Conduct

Ms. Thomasina Boardley – (301) 860-3394

### Campus Police/Public Safety

Chief Ernest Waiters – (301) 860-4050

Lt. Rodney Grays – (301) 860-4040

### Counseling Services

Dr. Tonya Swanson – (301) 860-4161

### Henry Wise Wellness Center

Dr. Rita Wutoh – (301) 860-4177

### Office of Residence Life/Housing

Ms. Gladys Watson – (301) 860-5000

### Career Services

Ms. April Johnson – (301) 860-4161

### Office of Student Life

Ms. Anne Valentine – (301) 860-3833

### Athletics

Mr. Anton Goff – (301) 860-3570

BOWIE STATE UNIVERSITY SEXUAL ASSAULT AND INTIMATE PARTNER VIOLENCE REPORT FORM  
HENRY WISE WELLNESS CENTER, PARTNERS IN PEACE

## STEP 1 - Sexual Assault and Intimate Partner Violence Procedure Checklist

**Instructions:** The reporter working with the victim/survivor should check each item next to the procedure he/she completed.

The following (applicable) actions have been taken by the reporter:

- Assessed the victim/survivor's immediate safety.** (Please refer to the safety assessment questions section for more details) .
- If applicable to the situation, contacted the Public Safety (301-860-4040), Vice President of Student Affairs (301-860-3390) and/or Director of Residence Life (301-860-5000) for the victim/survivor to make appropriate safety, class (schedule) and/or on campus housing accommodations.
- Encouraged victim/survivor to complete a Sexual Assault and Intimate Partner Violence Report Form (see Step 3).
- Encouraged the victim/survivor to contact Public Safety (301-860-4040) to report the incident if the assault occurred on campus.** (If the assault occurred off campus and the victim/survivor makes a request, campus police will offer assistance in contacting the proper law enforcement authorities).
- If the assault occurred in the last 5 days (or 120 hours),** informed the victim/survivor about the Prince George's Hospital Center Domestic Violence Sexual Assault Center (301-618-3154) forensic medical examination program which includes a medical evidentiary exam, emergency contraception, pregnancy and STI testing and counseling services. **If the assault did not occur in the past 5 days (or 120 hours),** encouraged the student to go to the Wellness Center for medical advice and appropriate follow-up care (301-860-4170).
- Encouraged the student to contact Counseling Services (301-860-4164)**  
For off campus counseling resources see:  
[http://www.bowiestate.edu/CampusLife/wellness/pip/relevantinfo/.](http://www.bowiestate.edu/CampusLife/wellness/pip/relevantinfo/)
- Encouraged the student to contact the Student Conduct Coordinator (301-860-3394) to discuss the incident further.
- Gave the victim/survivor a copy of the Sexual Assault and Intimate Partner Violence off Campus Resources Sheet.

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*Adapted from the University of Maryland Baltimore County Police Sexual Assault and Relationship Violence procedures*

## **STEP 2 - Safety Assessment Questions**

**Instructions:** Please use the below questions to help determine if the victim/survivor is in immediate danger. You may begin the conversation with an opening statement such as, *Do you mind if I ask you some questions about your wellbeing?* Please check and answer the questions that are most appropriate for the conversation.

- Are you in immediate danger? \_\_\_\_\_
- Are you afraid for your safety? \_\_\_\_\_
- Has the person who assaulted you tried to contact you recently? \_\_\_\_\_
- You appear to be afraid and anxious. Would you like some help? \_\_\_\_\_
- Have you recently been threatened or harassed? \_\_\_\_\_
- Have you been emotionally or physically abused recently? \_\_\_\_\_
- Do you have a support system or someone to talk to about what has happened? \_\_\_\_\_

Additional notes: \_\_\_\_\_

\_\_\_\_\_

## **On Campus & Local Resources**

**Campus Police/Public Safety**  
(301) 860-4040

**Counseling Services**  
(301) 860-4164

**Henry Wise Wellness Center**  
(301) 860-4170

**Prince George's Hospital Center Domestic Violence Sexual Assault Center**  
3001 Hospital Drive, Cheverly, MD 20785: (301) 618-3154

**Maryland Coalition Against Sexual Assault:** (410) 974-4507

**National Domestic Violence Hotline:** 1-800-799-SAFE

**Rape, Abuse, and Incest National Network (RAINN):** 1-800-656-HOPE

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## **STEP 3 - Sexual Assault and Intimate Partner Violence Report Form**

**Instructions:** The information collected from this form will help improve Bowie State University's response to sexual assault and intimate partner violence. This is not a formal reporting procedure. Please make all efforts to protect the victim's/survivor's anonymity. *\* Do not include any information that can be used to identify the victim/survivor unless written permission is given.* Completed forms must be placed in a sealed envelope marked "Private" before it is submitted to the Department of Public Safety.

### **Section I:**

Date of Report: \_\_\_\_\_ Time: \_\_\_\_\_

### **Section II:**

Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_

Place where incident occurred:

- \_\_\_ University owned, controlled or leased property: \_\_\_\_\_
- \_\_\_ Public campus space (parking lot, other)
- \_\_\_ University sponsored activity or event
- \_\_\_ Off-campus

### **Section III:**

Please give a brief description of the incident: \_\_\_\_\_

\_\_\_\_\_

### **Section IV: (OPTIONAL FOR NON- CAMPUS SECURITY AUTHORITIES)**

Reporter's Name: \_\_\_\_\_

Office/Dept.: \_\_\_\_\_ Reporter's Phone #: \_\_\_\_\_

Role on campus: Student \_\_\_\_\_ Faculty \_\_\_\_\_ Staff \_\_\_\_\_

### **\*Section V: (OPTIONAL)**

I \_\_\_\_\_ give permission for relevant University personnel to contact me about this report.

Victim/Survivor's Signature: \_\_\_\_\_

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