BSU Campus Security Authorities
(for complete list please visit the following webpage:
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

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/.

☐ 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.
**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**

<table>
<thead>
<tr>
<th>Campus Police/Public Safety</th>
<th>Counseling Services</th>
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<tbody>
<tr>
<td>(301) 860-4040</td>
<td>(301) 860-4164</td>
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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

**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: ____________________

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**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: ____________________________