

*Suggestions for Working with MSU Community Members  
Experiencing Relationship Violence, Stalking or Sexual Assault*

**What should I do if someone tells me they have experienced relationship violence, stalking or sexual assault?**

- Do not underestimate the potential physical danger that she/he might be in.
- Do not blame the person for the abuse, violence and threats they have experienced.
- Recognize the courage it takes for someone to share something so personal.
- Respect their confidentiality.
- Offer the person information about on-campus resources for persons experiencing relationship violence or sexual assault.

**How can I help the person connect with on-campus resources?**

- FOR RELATIONSHIP VIOLENCE OR STALKING: Give the person a brochure or contact information for MSU Safe Place: [noabuse@msu.edu](mailto:noabuse@msu.edu), [www.msu.edu/~safe](http://www.msu.edu/~safe), 517-355-1100
- FOR SEXUAL ASSAULT: Give the person a brochure or contact information for MSU Sexual Assault Program: [www.endrape.msu.edu](http://www.endrape.msu.edu), 24-hour sexual assault crisis hotline: 517-372-6666; program: 517-355-3551
- Let them know that all services at these two programs are *free* and *confidential*.
- Offer to call these programs while the person is with you.
- Encourage the student to leave a message, with contact information, if they get voice mail at any time when calling MSU Safe Place or the MSU Sexual Assault Program.
- Suggest that the person signs the *Permission to Contact form*.

**Using Permission to Contact Forms**

- The *Permission to Contact form* gives MSU Safe Place and MSU Sexual Assault Program staff permission to make contact with the person signing the form to offer safety planning, advocacy, counseling, shelter, and support services.
- Anyone in the MSU community experiencing relationship violence, stalking or sexual assault can sign the form. They are not required to sign the form, unless they want to be contacted by one of these confidential, supportive programs.
- The person signing the form may designate how she/he wishes to be contacted (by phone, email, in person, etc). She/he is not obligated to meet with MSU Safe Place or MSU Sexual Assault Program staff, even if she/he signs the form.
- Once the form is completed, you may send it via campus mail or fax to:
  - MSU Safe Place, G-55 Wilson Hall, Fax: 517-432-6193.
  - MSU Sexual Assault Program, 14 Student Services, Fax: 517-353-8912
- For additional *Permission to Contact (PTC) forms*, call either program or go to their websites to download other PTC forms

The MSU Safe Place and MSU Sexual Assault Program staff want to thank you for taking time to read this instruction sheet and for familiarizing yourself with the *Permission to Contact form*. It is crucial that departments on campus are equipped with this resource so that these programs are able to reach out to students, staff, faculty, or guests of MSU who are dealing with these difficult issues.

**Better  
Education**

**Safety** Confidential Program – Relationship  
Violence and Stalking: MSU Safe Place  
**Advocacy** (517) **355-1100** (*program business line*)  
**Future** (517) **432-9570** or **353-9990** (*advocacy*)  
**Evolve** noabuse@msu.edu  
www.msu.edu/~safe

Confidential Program – Sexual Assault/  
Rape: MSU Sexual Assault Program  
(517) **355-3551** (*program business line*)  
(517) **374-6666** (*24-hour hotline*)  
(517) **355-9320** or **432-9961** (*advocacy*)  
www.endrape.msu.edu

---

**PERMISSION TO CONTACT FORM**

You have been given this form because someone has concerns for your safety and well being. While you can always make contact with MSU Safe Place (MSUSP) or the MSU Sexual Assault Program (SAP) staff directly by using the contact information above, another way for you to receive free services, support and information is to give permission for an MSUSP or SAP representative to contact you. Signing this form does not commit you to use these services or to even talk with someone from either program, but it does mean someone will contact you to see what you need. We will do everything we can to ensure your safety and honor your privacy as we try to contact you. Working with MSUSP or SAP does not mean you have to end current relationships, contact police, initiate legal proceedings, or take student disciplinary action since that may not be what you want. We just want you to ***be safe, get support and know your options and rights.***

Only the person giving you this form, and the advocacy staff at MSUSP and SAP, will see this confidential form. MSUSP or SAP will NOT share any information with anyone once staff receives this form and attempts to contact you. Please sign and return the form below to the person who gave it to you or send it to the address or fax below and someone from MSUSP or SAP will contact you soon.

(please print): My name: _____	(checking this is optional):  <input type="checkbox"/> I give permission to the person who gave me this form to tell MSUSP/SAP about my situation.
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender	
Address: _____ _____	I understand that MSUSP and/or SAP will <b>NOT</b> tell anyone about my situation or any services I receive unless I sign an additional, different Release of Information form at a later time.
Phone: _____	
Email: _____	

Taking into consideration my privacy and safety, you may contact me by:  
(check all that apply)

- Phone
  - With a message that you are from MSUSP or SAP
  - With a message with only your first name and phone number
  - Do NOT leave a message
- E-mail
- Visiting with me at my residence or
  - Leaving a message with my roommate
- Contacting the person who gave me this form, or someone else that I trust to be able to get in contact with me safely:  
Support person's name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

***For relationship violence or stalking, return form to:***

**MSU Safe Place  
G-55 Wilson Hall  
East Lansing, MI 48825  
FAX: (517) 432-6193 \***

---

***For sexual assault/rape return form to:***

**Sexual Assault Program  
14 Student Services Bldg.  
East Lansing, MI 48824  
FAX: (517) 353-8912 \***

---

*\* Note: faxes come directly into confidential program offices*