MANDATORY REFERRAL PROCESS (MRP)

Instructions

This form is to be used by programs that have instituted a mandatory referral process and received specialized training, such as MSU Residence Education & Housing Services (REHS).

Other programs: please use the Permission to Contact (PTC) form. PTC and MRP forms and instructions can be found on the websites listed below.

What should I do if I learn or suspect that someone is experiencing relationship violence, stalking or sexual assault?

- Do not underestimate the potential physical danger that the student might be in.
- The danger a student may be in can be made worse by a University response that does NOT take safety into consideration.
- Helping students make contact with advocacy, counseling and other services from the MSU Sexual Assault Program or MSU Safe Place can reduce safety risks and increase their available support. These services are free and confidential.
- Do not blame the person for the violence or threats they have experienced.
- Do not ask questions about what happened. It is not your role to investigate.
- Recognize the courage it takes for someone to share something so personal.
- Respect their privacy.
- Explain that because the University cares for the well-being and safety of students, someone from the MSU Sexual Assault Program or MSU Safe Place will be contacting the student. Explain that all contact with either of these programs is CONFIDENTIAL, including the fact that you initiated contact about this student using the MRP.

What's the next step?

- Fax or e-mail the completed form to the appropriate office, depending on the primary issue affecting the student.
- The program will then initiate contact the student to find out what he or she needs and offer resource information and opportunities to receive support and safety planning.
- The student can decide whether or not to respond and receive services now or at a later time.
- All contact with either program will be kept confidential.

MSU Safe Place - FOR RELATIONSHIP VIOLENCE OR STALKING:
Fax: 517-432-6193, noabuse@msu.edu, Phone: 517-355-1100 ext. 2, http://safeplace.msu.edu

MSU Sexual Assault Program - FOR SEXUAL ASSAULT:
Fax: 517-353-8912, sapstaff@msu.edu, Phone: 517-355-3551, www.endrape.msu.edu

Thank you for using this referral process. Please contact us if you have any questions.
**MSU Safe Place**  
Relationship Violence and Stalking  
(517) **355-1100 ext. 2** *(program business line)*  
(517) **432-9570 or 353-9999** *(advocacy)*  
noabuse@msu.edu  
http://safeplace.msu.edu  

**MSU Sexual Assault Program**  
Sexual Assault/Rape  
(517) **355-3551** *(program business line)*  
(517) **372-6666** *(24-hour crisis line)*  
(517) 884-1258 *(advocacy)*  
www.endrape.msu.edu

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**MANDATORY REFERRAL PROCESS (MRP) FORM**

When a student has disclosed that they have been victimized by relationship violence, stalking and/or sexual assault, complete the form below. Explain to the student that you want them to be safe, get support and know their options and rights.

![Form Image](Image)

**Student’s name:** ____________________________  
**Staff/Faculty completing form:** ____________________

<table>
<thead>
<tr>
<th>Pronoun</th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>She/Her/Hers</td>
<td>He/Him/His</td>
<td>They/Them Theirs</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Phone:** ____________________________  
**Email:** ____________________________

**ISSUE(S) AFFECTING STUDENT:** (check all that apply):  
- [ ] Sexual Assault  
- [ ] Stalking  
- [ ] Relationship Violence

Taking into consideration the privacy and safety of the student, check off contact preferences below, if known. Check all that apply:

- [ ] **I did speak with the student about contact options. Student prefers:**
  - [ ] Phone  
    - [ ] With a message noting what program you are from  
    - [ ] With a message with only your first name and a phone number  
    - [ ] Do NOT leave a message (it’s not safe)
  - [ ] E-mail

- [ ] Contacting the person who completed this form, or someone else that the student trusts to be able to get in contact with them safely:
  - [ ] Support person’s name: ____________________________
  - [ ] Address: ____________________________
  - [ ] Phone: ____________________________
  - [ ] Email: ____________________________

- [ ] **I did not speak with the student about contact options.**

**Comments:**

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**For relationship violence or stalking, fax or e-mail form to MSU program:**

Safe Place  
FAX: (517) 432-6193 *  
EMAIL: noabuse@msu.edu

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**For sexual assault/rape, fax or e-mail form to MSU program:**

Sexual Assault Program  
FAX: (517) 353-8912 *  
EMAIL: sapstaff@msu.edu

* Note: faxes come directly into confidential program offices