Suggestions for Working with MSU Community Members
Experiencing Relationship Violence

What should I do if a student, faculty or staff member, or guest of MSU tells me they are experiencing relationship violence?

- Do not blame the person for being in an abusive relationship.
- Recognize the courage it takes for someone to share something so personal.
- Respect their confidentiality.
- Do not underestimate the potential physical danger that she/he might be in.
- Offer the person information about on-campus resources for persons experiencing relationship violence.

How can I help the person connect with on-campus resources regarding relationship violence?

- Give the person the phone number and/or a brochure about MSU Safe Place. (MSU Safe Place phone number: 355-1100) Let them know that all services at MSU Safe Place are free and confidential.
- Offer to call MSU Safe Place while the person is with you.
- Suggest signing the MSU Safe Place Permission to Contact form.

Using Permission to Contact Forms

- The Permission to Contact form gives MSU Safe Place staff permission to make contact with the person signing the form to offer support, shelter, counseling and advocacy services.
- Anyone in the MSU community experiencing relationship violence can sign the form. They are not required to sign the form, unless they want to be contacted by MSU Safe Place.
- The person signing the form may designate how she/he wishes to be contacted (phone, email, in person, etc). She/he is not obligated to meet with MSU Safe Place staff, even if she/he signed the form.
- Once the form is completed, you may send it via campus mail to MSU Safe Place, Mail Processing, 166 Service Rd, Room 113A or email it to noabuse@msu.edu.
- For additional Permission to Contact forms, contact MSU Safe Place at 355-1100, ext.2 or visit our website at safeplace.msu.edu. Forms can be printed directly from the website.

MSU Safe Place staff wants to thank you for taking the 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 MSU Safe Place is better able to reach out to students, staff, faculty, or guests of MSU who are dealing with relationship violence.
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) 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 representative to contact you. Signing this form does not commit you to use MSUSP services or to even talk with someone from MSUSP. We will do everything we can to ensure your safety and honor your privacy as we try to contact you. Working with MSUSP does not mean you must end any current relationships, or obligate you to file judicial complaints or take any legal action, since that may not be what you want. We just want you to be safe and know your options and rights.

Only the person giving you this form, and the advocacy staff at MSUSP, will see this confidential form. MSU Safe Place 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 will contact you soon.

(please print):
My name:_________________________________
Address:_________________________________
____________________________________
Phone:_________________________________
Email:_________________________________

(checking this is optional):
___ I give permission to the person who gave me this form to tell MSUSP about my situation.

I understand that MSUSP will NOT tell anyone about my situation or any services I receive unless I sign a different Release of Information form at a later time.

Taking into consideration my privacy and safety, you may contact me by:
(check all that apply)
___ Phone
___ With a message that you are from Safe Place
___ 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:__________________________________________