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 they 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 business card, brochure, or contact information for MSU Safe Place: noabuse@msu.edu, 517-355-1100, http://safeplace.msu.edu
- FOR SEXUAL ASSAULT: Give the person a business card, brochure or contact information for MSU Sexual Assault Program: www.endrape.msu.edu, 24-hour sexual assault crisis hotline: 517-372-6666; program business line: 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 they wish to be contacted (by phone, email, in person, etc). They are not obligated to meet with MSU Safe Place or MSU Sexual Assault Program staff, even if they sign the form.
- Once the form is completed, you may send it via campus mail or fax to:
  - MSU Safe Place, 166 Service Road, Room 113A, Fax: 517-432-6193.
  - MSU Sexual Assault Program, 556 East Circle Drive, Room 207 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.
MSU Safe Place
Confidential Program
Relationship Violence and Stalking:
(517) 355-1100 (program business line)
(517) 432-9570 or 353-9999 (Advocacy)
Fax: 517-432-6193
http://safeplace.msu.edu
Email: noabuse@msu.edu

MSU Sexual Assault Program
Confidential Program
Sexual Assault/ Rape:
(517) 355-3551 (program business line)
(517) 372-6666 (24-hour hotline)
Fax: 517-353-8912
www.endrape.msu.edu
Email: sapstaff@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 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:__________________________________
Phone:___________________________________
Email:___________________________________
Address/Hall:______________________________

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

Pronoun:  ☐ She/Her/Hers  ☐ He/Him/His
☐ ___________  ☐ They/Them Theirs

For Relationship Violence or Stalking, return form to:
MSU Safe Place (MSUSP)
166 Service Road, Room 113A
East Lansing, MI 48825
FAX: (517) 432-6193 *

For Sexual Assault return form to:
Sexual Assault Program (SAP)
556 E. Circle Drive, Suite 207
Student Services Bldg.
East Lansing, MI 48824
FAX: (517) 353-8912 *

* Note: faxes come directly into confidential program offices

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
___ 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:__________________________________________
Relationship to me:_____________________________________________
Phone:_______________________________________________________
Email:________________________________________________________

I understand that MSU Safe Place and/or the Sexual Assault Program will NOT tell anyone about my situation or any services I receive unless I sign an additional, different Release of Information form at a later time.
I authorize the MSU Sexual Assault Program or MSU Safe Place to contact me.

Signature:______________________________________ Date:___________

Revised March 2018