

SEXUAL ASSAULT INCIDENT REPORT

This form is intended to convey information needed to track the College’s response to the incident being reported, as well as to assess the danger the incident represents to the community at large. Please return to Campus Police when completed

- Please indicate “unknown” where applicable -

Reporter’s Name: _____

Dept (if applicable): _____ Phone: _____

Date of Report: _____ Date of Discussion with Survivor: _____

Survivor’s Name _____ Requested Confidentiality/Privacy: Y/N

Survivor’s age: _____ Academic Year: _____ Gender: _____

Date of Incident: _____ Time of Incident: _____ On Campus: Y / N

Please indicate where the assault took place: _____

Describe location: (name of building, street, etc.): _____

Describe assault (check one):

- _____ Sexual contact (fondling, kissing, petting but not penetration) without consent
- _____ Attempted intercourse without consent (penetration did not occur)
- _____ Intercourse (oral, anal, or vaginal penetration by penis or other object) without consent
- _____ Sexual Exploitation
- _____ Other, describe
- _____ Unknown

Was alcohol/other substance involved? Victim: Y/N Substance: _____

Was alcohol/other substance involved? Offender: Y/N Substance: _____

Describe any kind of pressure or force used by the assailant:

- _____ None
- _____ Verbal pressure or arguments
- _____ Position of authority (professor, coach, supervisor, etc.)
- _____ Threat of physical force (threatened to hit, hold or otherwise injure)
- _____ Actual use of physical force (hit, held survivor down, twisted arm, etc.)
- _____ Gave survivor alcohol or drugs so survivor was significantly incapacitated or knew survivor was incapacitated
- _____ Unknown

Over.....

Was a weapon involved in the assault: Y / N / Unknown

Number of assailants: _____

If single assailant, describe:

_____ gender _____ race _____ age
_____ height _____ weight

Role of assailant(s) on campus (check):

_____ Student _____ Faculty/Staff
_____ Other _____ No campus role
_____ Unknown

If single assailant, describe nature of relationship (if any) with the survivor prior to the incident (check one):

_____ Stranger _____ Unknown
_____ Spontaneous date (met at bar or party) _____ Relative
_____ Friend/non-romantic acquaintance _____ Planned first date
_____ Romantic acquaintance or on-going date _____ Unknown

Name of alleged assailant(s): _____

Other individuals, departments, or agencies the survivor has reported this assault to:

_____ Residence Life _____ A New Day
_____ Counseling & Testing Center _____ Health Services
_____ Assoc. VP or VP of Student Affairs _____ Campus Police
_____ SHARE Advocate _____ Other Rape Crisis Center
_____ Individual; _____

Victim has been informed of support services and/or her rights: Y/N

Victim wishes to speak with a counselor: Y/N

Victim wishes to initiate or has already initiated:

_____ No Action Taken
_____ Civil Action
_____ Law Enforcement/Criminal Action
_____ College Investigation/Disciplinary Action

Victim was given SHARE Brochure: Y/N