

SEXUAL ASSAULT INCIDENT REPORT FORM

Instructions: Please return this form to the Sexual Assault Response Coordinator.

Reporter's name: _____ Phone: _____

Date of Report: _____ Victim's age: _____ Victim's academic year: _____

Victim's Gender: _____ Date of incident: _____ Time of incident: _____

Occurred on campus? yes ___ no ___

Where on campus did the assault occur? _____

Describe the 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
 other, describe: _____

Was the absence of consent due to the victim being incapacitated by : a) alcohol? yes ___ no ___
 b) other drugs? yes ___ no ___

Describe any pressure or force used by the assailant:

- none
 verbal pressure or arguments
 position of authority (boss, teacher, supervisor, etc.)
 threat of physical force (threatened to hit, hold, or otherwise injure)
 actual use of physical force (hit, held victim down, twisted arm, etc.)
 gave victim alcohol or drugs so victim was significantly incapacitated

Was a weapon involved in the assault? yes ___ no ___ Number of assailants: _____

If a single assailant, describe: gender: _____ race: _____ age: _____ height: _____ weight: _____

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

student ___ faculty ___ staff ___ other ___ no campus role ___

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

- stranger ___ spontaneous date (i.e., met at bar or party) ___ planned first date ___
 relative ___ friend or nonromantic acquaintance of any age ___
 romantic acquaintance or on-going date ___

Name of alleged assailant(s): _____ Other

contact points or departments the victim reported this assault to:

- Sexual Assault Response Coordinator Student Health Center
 Residence Life Campus police or security force
 Counseling Center Sexual Assault Companion/Peer Helper
 Dean of Students (or other administrator) Local Women's Shelter/Rape Crisis Ctr.
 Other: _____

Name of reporting victim (optional choice of the victim) _____