SEXUAL ASSAULT INCIDENT REPORT FORM

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

Reporters 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)___________________________