

**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) \_\_\_\_\_