SEXUAL ASSAULT INCIDENT REPORT

Instructions: This form is intended to convey information needed to track the University response to the incident being reported as well as to assess the danger the incident represents to the community at large. All efforts must be made to maintain the victim’s anonymity. No information should be included which might identify the victim. All questions may not pertain to all incidents. Reports will be destroyed after 12 months. Return to FeAunte’ Preyear, Victim’s Advocate Program Coordinator and Health Education & Quality Improvement Coordinator, Student Health Center, 650 Clinic Drive, TRP III, Suite 1200.

Date of Incident: ____________________

Victim’s age:  Under 18 ______  18 – 23 ______  24 – 30 ______  Over 30 ______

Victim’s gender: ___________________

Date of Incident: ____________________

Date of discussion with victim: ____________________

Victim’s Academic year: ____________________

Time of Incident (indicate exact time if known): Morning ________ Afternoon ________ Night ________

Incident Occurred: On campus _______ Off campus ________

If the assault occurred on campus, indicate location: Residence hall _____ Sorority _____ Fraternity _____ Outdoors _____ Car _____ Classroom _____

Other: ____________________________________________________________________________________

Name of location (or description of location): __________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

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 _____

If drugs other than alcohol were involved, name the drug(s) reportedly used: ______________________

If drugs other than alcohol were involved, how aware was the victim that she/he had ingested drugs?
Not at all aware ________  Slightly aware ________  Aware ________
Describe the kind of 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)
- Actually used physical force (hit, held victim down, twisted arms, etc.)
- Gave victim alcohol or drugs so victim was significantly incapacitated
- Other (describe):

Was a weapon involved in the assault? Yes_____ Type of weapon __________________ No_____

Number of assailants: _____ Describe assailant(s): Gender _____ Race_________ Age _____
Height _____ Weight ______ Other (describe) ______________________________________________________

Role of assailant(s) on campus:
None _____ Student ______ Faculty ______ Other (describe) ____________________________________________

If single assailant, describe nature of relationship with the victim prior to the incident:
Stranger _____ Spontaneous date (e.g., met at bar or party) ______ Planned first date ______
Acquaintance _____ Platonic friend of any age ______ Dating relationship ______
Relative _____ Other ________________________________________________________________

Name of alleged assailant(s): _________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Other university departments that have received a report of this assault:
- Housing/Resident Life
- Counseling Services
- Dean of Students
- Substance Abuse Prevention & Education Center
- Other (describe)______________________________________________________________

- Student Health Center
- University Police
- Victim’s Advocate
- Student Conduct Administrator

Other agencies, etc. that have a record of this assault:
- City Police
- Rape Crisis Center
- Hospital
- Other: ______________________

These questions may not cover all circumstances. Please include additional information you feel is pertinent.
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