

Date of Incident: \_\_\_\_\_

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. Reports will be destroyed after 12 months. Return to Dr. Darleen Dempster, Sexual Assault Response Coordinator, Counseling and Testing Services, AHE Room 326.

Reporter's Name: \_\_\_\_\_ Dept/Office: \_\_\_\_\_  
Phone: \_\_\_\_\_

Date of Report: \_\_\_\_\_ Date of discussion with victim: \_\_\_\_\_

Victim's age: Under 18 \_\_\_\_\_ Victim's Academic year: \_\_\_\_\_  
18 – 23 \_\_\_\_\_  
24 – 30 \_\_\_\_\_  
Over 30 \_\_\_\_\_

Victim's gender: \_\_\_\_\_

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:

Resident hall \_\_\_\_\_ Sorority \_\_\_\_\_ Fraternity \_\_\_\_\_ Outdoors \_\_\_\_\_  
Car \_\_\_\_\_

Other:

\_\_\_\_\_

\_\_\_\_\_

Name of location (or description of location):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

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 \_\_\_\_\_ Student Health Center

\_\_\_\_\_ Counseling Services \_\_\_\_\_ University Police

\_\_\_\_\_ Dean of Students \_\_\_\_\_ Victim's Advocate

\_\_\_\_\_ Substance Abuse Prevention & Education Center

**Other agencies, etc. that have a record of this assault:**

\_\_\_\_\_ City Police

\_\_\_\_\_ Rape Crisis Center

\_\_\_\_\_ Hospital

\_\_\_\_\_ Other:

\_\_\_\_\_

**Additional Information:**

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