



Student Health Service

SEXUAL ASSAULT *CONFIDENTIAL REPORT FORM*

Report Site: ISU Police SHS Sexual Assault Coordinator University Housing Services
 ODC SCS Other (specify)_____

Person Completing form (Name & Title):_____ Report Date_____

For effective planning and intervention, accurate information on sexual assaults on campus is needed. Please complete this form with as much detail as possible and forward to the Sexual Assault Prevention & Survivor Services Coordinator. The Sexual Assault Prevention and Survivor Services Coordinator is designated by ISU to collect all reports of sexual assault within the campus community. If you have any questions, call (309) 438-7948. Feel free to share this form with the survivor of sexual assault. The information provided on this form is confidential and every effort has been undertaken to insure anonymity. The information will be used to develop a more effective university-wide Sexual Assault prevention and intervention plan. Remember to refer survivors to the Sexual Assault Prevention & Survivor Services Coordinator for continued assistance.

Date of incident:_____ Time of incident:_____

Survivor Information	
Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Age (on date of assault):
Ethnicity: <input type="checkbox"/> African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> Asian <input type="checkbox"/> Other (specify)_____	Class Standing: <input type="checkbox"/> Freshman <input type="checkbox"/> Senior <input type="checkbox"/> Sophomore <input type="checkbox"/> Graduate <input type="checkbox"/> Junior <input type="checkbox"/> Other (specify)_____

Alleged Perpetrator / Assailant (indicate if multiple assailants)	
Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Age:
Ethnicity: <input type="checkbox"/> African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> Asian <input type="checkbox"/> Other (specify)_____	Class Standing: <input type="checkbox"/> Freshman <input type="checkbox"/> Senior <input type="checkbox"/> Sophomore <input type="checkbox"/> Graduate <input type="checkbox"/> Junior <input type="checkbox"/> Other (specify)_____
Role on Campus: <input type="checkbox"/> Student <input type="checkbox"/> Visitor <input type="checkbox"/> Faculty <input type="checkbox"/> None <input type="checkbox"/> Staff	

Location of Incident	
On campus, specify location:	
<input type="checkbox"/> Residence Hall (specify)_____	<input type="checkbox"/> Car (specify)_____
<input type="checkbox"/> Outside (specify)_____	<input type="checkbox"/> Parking Lot (specify)_____
<input type="checkbox"/> Other (specify)_____	
Off campus:	
<input type="checkbox"/> Home of Survivor (give street name and/or area of town)_____	<input type="checkbox"/> Home of Assailant (give street name and/or area of town)_____
<input type="checkbox"/> Work Site of Survivor (give street name and/or area of town)_____	<input type="checkbox"/> Work Site of Assailant (give street name and/or area of town)_____
<input type="checkbox"/> Fraternity (specify)_____	<input type="checkbox"/> Sorority (specify)_____
<input type="checkbox"/> Other (specify)_____	

Context Prior to Incident	
<input type="checkbox"/> Party at home of survivor	<input type="checkbox"/> Bar/Restaurant (specify) _____
<input type="checkbox"/> Party at home of assailant	<input type="checkbox"/> Party
<input type="checkbox"/> Fraternity (specify _____)	<input type="checkbox"/> Sorority (specify) _____
<input type="checkbox"/> Other (specify)	

Assailant(s)	
Number of Assailants ____	Assailant known to survivor? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, how long? _____Hours; _____days; _____months; _____years

Survivor Relationship to Assailant		
<input type="checkbox"/> Stranger	<input type="checkbox"/> Former Partner/Date	<input type="checkbox"/> Other (specify)
<input type="checkbox"/> Co-worker	<input type="checkbox"/> Spontaneous Date	
<input type="checkbox"/> Acquaintance	<input type="checkbox"/> Planned Date:	
<input type="checkbox"/> Friend	<input type="checkbox"/> 1 st <input type="checkbox"/> Steady	

Type of Assault		
<input type="checkbox"/> Exposure	<input type="checkbox"/> Penetration:	<input type="checkbox"/> Oral
<input type="checkbox"/> Sexual Contact/Touching		<input type="checkbox"/> Anal
<input type="checkbox"/> Attempted Penetration		<input type="checkbox"/> Vaginal

Type of Coercion or Force Used		
<input type="checkbox"/> None	<input type="checkbox"/> Threat of Harm	<input type="checkbox"/> Drug/Alcohol Use to impair survivor
<input type="checkbox"/> Verbal Pressure	<input type="checkbox"/> Physical Force	Explain:
<input type="checkbox"/> Position of Authority	<input type="checkbox"/> Weapon	

Drug / Alcohol Involvement			
<u>SURVIVOR:</u>		<u>ASSAILANT:</u>	
Alcohol Use	<input type="checkbox"/> Yes <input type="checkbox"/> No	Alcohol Use	<input type="checkbox"/> Yes <input type="checkbox"/> No
Drug Use	<input type="checkbox"/> Yes <input type="checkbox"/> No	Drug Use	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Degree of Impairment:</u>		<u>Degree of Impairment:</u>	
<input type="checkbox"/> None	<input type="checkbox"/> Slight	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
Time of use:	Amount:	Time of use:	Amount:

Survivor Needs / Status		
◆ Has a Police Report been filed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
◆ Is the survivor concerned for their personal safety? If yes, what action taken to enhance safety?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
◆ Has the survivor received medical services? If yes, where?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
◆ Has the survivor been referred to Sexual Assault Coordinator? If not, would you feel comfortable about contacting survivor to do so?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
◆ Has the survivor been made aware of available services? (Check all that apply):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Police (438-8631)	<input type="checkbox"/> Sexual Assault Survivor Services Coordinator (438-2778)	
<input type="checkbox"/> Office of Disability Concerns (438-5853)	<input type="checkbox"/> Hospital or Student Health Service (438-2778)	
<input type="checkbox"/> Student Counseling Services (438-3655)	<input type="checkbox"/> Student Dispute Resolution Services (438-8621)	
<input type="checkbox"/> Received the booklet: "Surviving Sexual Assault: A Guide for ISU Students"	<input type="checkbox"/> Other (specify)	