

Anonymous / Third Party Sexual Assault Report
University Health Services
SHARE Program

The purpose of this form is to allow members of the University community to anonymously report sexual assaults. Once you have completed this form please return it to the drop-box located outside of room 217 McCosh Health Center or campus mail it to the SHARE Program, McCosh Health Center.

1. Date of Report: _____ Time: _____
2. Date of Assault: _____ Time: _____
3. Sex of Victim: Female _____ Male _____ Age of Victim: _____
4. Identity of person filling out report: Victim/Survivor: _____ Witness: _____ Friend: _____

Section I: Victim/Survivor

- | | | |
|------------------------------|----------------------|---------------------|
| 5. Affiliation to University | 6. Victim Lives: | 7. Race/Ethnicity |
| (1) Undergraduate | (1) Dorm | (1) White |
| (2) Graduate | (2) Club/Street | (2) Black |
| (3) Faculty | (3) Off campus | (3) Asian |
| (4) Staff | (4) Graduate Housing | (4) Southeast Asian |
| (5) PTS/Other | | (5) Hispanic |
| (6) Not Affiliated | | (6) Native American |
| | | (7) Bi-Cultural |
| | | (8) Other _____ |

Section II: Assault

- | | | |
|---------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| 8. Type of coercion/force involved
(circle all that apply) | (1) Verbal
(2) Physical
(3) Presence of a weapon | (4) Threat of a death
(5) Abduction
(6) Other: _____ |
| 9. Reported assault
(circle all that apply) | (1) Completed rape
(2) Attempted rape
(3) Sexual assault (Physical)
(4) Sexual assault (Verbal) | |
| 10. Place where assault occurred
(circle all that apply) | (1) Victim's house
(2) Offender's home
(3) Club: _____
(4) Res. hall
(5) Workplace | (6) Public campus facility
(gym, library, other)
(7) Parking lot: _____
(8) Outdoors: _____
(9) Car/Vehicle: _____
(10) Other: _____ |
| 11. Was victim using drugs at time of assault? | (1) Yes
(2) No | If yes, what drug?
_____ |
| 12. If yes, did victim feel pressured to consume/use? | (1) Yes
(2) No | |

Section III: Offender

13. Number of Offender(s) _____
14. Sex of Offender(s) (1) Male
(2) Female
(3) Multiple males
(4) Multiple females
(5) Mixed males & females
15. Race/Ethnicity: (1) White
(2) Black
(3) Asian
(4) Southeast Asian
(5) Hispanic
(6) Native American
(7) Bi-Cultural
(8) Other _____
16. Affiliation to University (1) Undergraduate
(2) Graduate
(3) Faculty
(4) Staff
(5) PTS/Other
(6) Not Affiliated
(7) Multiple Offenders/
different affiliations
17. Offender lives: (1) Dorm
(2) Club/Street
(3) Off Campus
(4) Graduate Housing
18. Age of Offender: (1) 13-19
(2) 20-25
(3) 26-30
(4) 31-35
(5) 36-40
(6) Other _____
- 18a. Ages of multiple offenders (circle all that apply): (1) 13-19
(2) 20-25
(3) 26-30
(4) 31-35
(5) 36-40
(6) Other _____
19. Offender's relationship to Victim (1) Partner/Lover
(2) Ex-partner/Ex-Lover
(3) Spouse
(4) Friend/Acquaintance
(5) Met same day, socially
(6) Met same day, non-socially
(7) Stranger
(8) Faculty/Teaching Assistant
(9) Other
20. Was offender using drugs/alcohol at time of assault? (1) Yes (Drugs/alcohol)
(2) No (Drugs/alcohol)
(3) Uncertain

Section IV: Follow-Up

21. What follow-up plan has the victim made? (a) confidential counseling
(b) informal complaint on-campus
(c) formal complaint on-campus
(d) legal action off-campus
22. What resources has the victim utilized thus far? (1) RA
(2) Medical/PUHS
(3) Medical/Outside
(4) SHARE
(5) Counseling Center
(6) Public Safety
(7) Other