CONFIDENTIAL SEXUAL ASSAULT REPORT FORM

This form is for the purpose of collecting data to determine the number of incidents occurring within the community in order to comply with federal law and to develop appropriate resources.

**Instructions: see reverse side of form**

Assaults reported to (optional): ______________________________ Date: ____________________

For Classification Purposes – Please classify the incident on the reverse side of this form, using the definition from the FBI Uniform Crime Reporting Program.

INCIDENT INFORMATION
Please provide a brief description of the incident, including a description of the actions of the suspect(s) and victim and information about whether the assault was reported to anyone or not:

Date: ______________________________ Time: __________________

SURVIVOR INFORMATION
- Male
- Female
Status: _____ On-Campus Student _____ Off-Campus Student _____ Non-Student
   _____ First Year _____ Sophomore _____ Junior _____ Senior _____ Graduate

ASSAILANT INFORMATION
- Stranger
- Acquaintance
- Male
- Female
Status: _____ On-Campus Student _____ Off-Campus Student _____ Non-Student
   _____ First Year _____ Sophomore _____ Junior _____ Senior _____ Graduate

Number of Assailants:

Does the Assailant have access to campus, university property or adjacent public property?

Location of Incident:
- Residence Hall (specify): ______________________________
- Other Campus Building or Location (specify): ______________________________
- Adjacent Public Property (specify): ______________________________
- Other (specify): ______________________________

Please forward this completed form to: The Office of the Chief
Security Police Department
204 Hammes Mowbray
Notre Dame, IN 46556
INSTRUCTIONS

1. This form is intended for use in cases of rape and/or sexual assault or attempted rape and/or sexual assaults.
2. Do not complete this form in presence of the assault survivor.
3. Do not include the survivor’s name or other identifying information (e.g. student identification number, address, phone number) on this form.
4. Record as much requested data as possible based on information volunteered or discussed. Do not pry for information, just list the information obtained in the conversation.
5. Do not complete this form if the survivor indicates that he or she has reported this incident to Security Police or the Office of Community Standards.
6. Completed forms should be forwarded to the Office of the Chief, University Security Police, 204 Hammes Mowbray Hall, Notre Dame, IN 46556

Definition for Classification Purposes:
(Check the correct classification of the incident you are reporting in the box in the left margin)

Sex Offense
Any sexual act directed against another person, without the consent of the victim, including instances where the victim is incapable of giving consent.

A. Rape
   ☐ The penetration, no matter how slight, of the vagina or anus with any body part or object, or oral penetration by a sex organ of another person, without the consent of the victim.

B. Fondling
   ☐ The touching of the private body parts of another person for the purpose of sexual gratification, without the consent of the victim, including instances where the victim is incapable of giving consent because of his/her age or because of his/her temporary or permanent mental incapacity.

C. Incest
   ☐ Nonforcible sexual intercourse between persons who are related to each other within the degrees wherein marriage is prohibited by law.

D. Statutory Rape
   ☐ Nonforcible sexual intercourse with a person who is under the statutory age of consent.

Sex Offenses Definitions from the FBI Uniform Crime Reporting Program