Tulane University
Confidential Sexual Assault Report Form

This form is intended for use in reporting a sexual assault confidentially by a third party. The information in this form will be used for compiling sexual assault statistics. Filling out this form will not result in an investigation. Completed forms should be marked “confidential” and forwarded to the Chief of Police for Tulane University.

Do not complete this form in the presence of the sexual assault victim. Do not pry for information, just record as much requested data as possible based on information volunteered or discussed. Specific information which may identify the person assaulted should not be noted on the form without the victim’s permission.

The person assaulted should be encouraged to report the assault to the New Orleans Police Department or appropriate jurisdiction of occurrence and Tulane University Police Department. The victim may elect to report the assault to Tulane’s Police Department only. Tulane’s Police Department personnel will explain all options, including confidential reporting and campus services available.

(Please print all information.)

A. Assault Information

1. Type of Assault
   a. _____ Forcible Rape
   b. _____ Forcible Sodomy
   c. _____ Sexual Assault with an Object
   d. _____ Forcible Fondling
   e. _____ Incest
   f. _____ Statutory Rape
   g. _____ Other,(describe)________________________________________________________

2. Type of force used
   a. _____ Verbal
   b. _____ Threat of physical force (weapon used? Type __________)
   c. _____ Use of physical force (weapon used? Type________)
   d. _____ Position of authority (supervisor, professor, etc.)
   e. _____ Other, (describe)__________________________________________________

3. Was lack of consent due to incapacitation by:
   a. _____ Alcohol b. _____ Drugs c. _____ Both
   d. _____ Age e. _____ Mental/Physical Health

   3.1 If yes, did the victim feel compelled or pressured to consume or use:
      a. _____ Yes b. _____ No

   3.2 Does the victim know or believe that one of the following was used:
      a. _____ Rohypnol b. _____ Ketamine c. _____ GHB

   3.3 Was the victim tested for presence of any drugs?
      a. _____ Yes b. _____ No

   3.4 If yes, did the victim feel compelled or pressured to consume or use:
      a. _____ Yes b. _____ No

4. Date and time of assault: __________/__________

5. Location of assault:
   a. _____ On campus (building owned or controlled by Tulane University)
   b. _____ On campus Residence Hall
   c. _____ Non campus (property owned or controlled by a student organization or a Fraternity/Sorority House)
   d. _____ Public Property (public property running through or immediately adjacent to campus)
   e. _____ Off campus (building or property not owned or controlled by Tulane University)
6. General description of location of assault
(inside Gibson Hall, on University Center Quad, on Broadway St., etc.)

_____________________________________________________________________________
_____________________________________________________________________________

B. Assault Victim Information

1. Sex: Female – age _____ Male – age _____

2. Name & contact information (optional) __________________________________________
_____________________________________________________________________________

3. Ethnicity/race _______________________________________________________________

4. Affiliation to Tulane University
   a. _____ Student b. _____ Staff c. _____ Faculty
d. _____ Vendor/construction employee/other _______________
e. _____ Unknown

C. Offender Information

1. Male offender(s): #________
a. Ethnicity/Race ________________ b. Age(s) ____________

2. Female offender(s): #________
a. Ethnicity/Race ________________ b. Age(s) ____________

3. Offender’s relation to person assaulted:
a. _____ Stranger
b. _____ Relative
c. _____ Acquaintance/date
d. _____ Spontaneous date (met at party, dance, bar, etc.)
e. _____ Roommate/partner
f. _____ Unknown

4. Affiliation to Tulane University
   a. _____ Student b. _____ Staff c. _____ Faculty
d. _____ Vendor – construction employee – other ____________
e. _____ Unknown

5. Had the offender used drugs/alcohol preceding the assault?
a. _____ Yes ___ Alcohol ___ Drugs ___ Both
b. _____ No
c. _____ Unknown

5.1 If yes, was the offender forced or coerced to use:
a. _____ Alcohol b. _____ Drugs c. _____ Unknown

D. To be completed by Reporting Person

1. Name ________________________________________________________________

2. School or department _____________________________ Phone # ________________

3. Date of Report ______________________________