

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) _____
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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 _____