

SEXUAL ASSAULT INCIDENT REPORT FORM

This form may be completed by any member of the Rutgers community who has experienced or otherwise become aware of an incident of sexual assault. The person making the report, as well as the survivor, may identify themselves or remain anonymous.

Completing this report will not result in a police investigation

To report an incident of sexual assault or criminal sexual contact, please print and **complete this form, and send it to Sexual Assault Services, RU Newark. It may be sent by fax (973 353 1390) or campus mail (Sexual Assault Services, Room 104, Blumenthal Hall.)**

If you have any questions or concerns, call 973-353-HELP.

Most sexual assaults, including those known as acquaintance rapes, are planned by the perpetrator. Fewer than 5% are ever reported, and the same assailant frequently victimizes more than one person. Reporting a crime may help to keep our community safe.

Date of report: _____

Date of incident: _____ Time of Incident: _____

Location of incident: _____

Information about the victim/survivor: Circle your response.

Sex: Female Male

Affiliation to Rutgers: Undergraduate student
 Graduate student
 Faculty
 Staff
 Other _____

Residence: Rutgers Housing Off campus housing Commuter Unknown

Information about the assailant:

Relationship to victim: Acquaintance Stranger Other _____
Sex: Male Female
Number of assailants: One More than one
Affiliation to Rutgers: Student Faculty Staff Not affiliated

Information about the assault:

Weapon: Yes No
Physical Injury: Yes No
Penetration: Vaginal Oral Anal None Unknown

Sexual contact without penetration: Yes No

Reported to Police: Yes No Unknown

Was the victim/survivor given campus and community resources for services and support ?

Yes No Unknown

Report submitted by:

Name: _____

Phone: _____

Email: _____