

SEXUAL ASSAULT INCIDENT REPORT FORM

<u>Instructions</u>: This form is intended to convey information needed to track the University's response to the incident being reported, as well as assess the danger the incident represents to the community at large. All efforts must be made to maintain the victim's anonymity; no information should be included which might identify the victim unless they consent to being identified in the report. Please return this form within 24 hours of any victim contact to: tcox9@tnstate.edu; intervill@tnstate.edu; or to the McWherter Administration Building, Suite 260.

Staff/Faculty's Name:	Position/Dept.:	Phone:
Date of Report: Date of discussion with reporting student:		tudent:
Reporting Student/Survivor's Information	on	
Age: Classification: _	Gende	er:
Pertinent Details of the Incident		
Have the police been notified? Yes	No	
Date of incident: Time of in	ncident: 8am-5pm5pm – Midnight	:Midnight - 8amUnknown
Occurred on campus? Yes No		
If occurred on campus, where did the assa	ault occur?	
Describe the location (name of building, st	reet, etc.)	
Describe assault (check one):		
Sexual contact (fondling, kissing, petti	ng but not penetration) without consent	
Attempted intercourse without consen	t (penetration did not occur)	
Intercourse (oral, anal, or vaginal pene	etration by penis or other object) without co	onsent
Other, describe:		
	ks to ensure that we provide information re sault. For these purposes, do you wish to g v up with you about this report?	
Reporting Student's Name:	T#_	
Phone Number:	Email Address:	
Accused Individual's Name If Known	Contact Info:	

^{*}Any student who reports that they have been sexually assaulted should be encouraged, but not pressured, to contact the TSU police department and to seek medical services.