

**CHAPMAN UNIVERSITY**  
**Anonymous Report of Sexual Assault**

A person who has been sexually assaulted may fill out this form himself/herself and send it to Public Safety, the CARES Coordinator or the Dean of Students, or he/she may ask a third party (such as a friend or a counselor) to do so. However, filling out this form is optional; it is simply for reporting a sexual assault anonymously. Completing this form will not result in an investigation. It is to assist in the compilation of statistical records and to provide the university with data in order to reduce risk by increasing safety. **(Please note: If identifying information is given, it may be necessary for the University to investigate this report).**

Please write in information and check appropriate responses. For further information, see the University *Policy on Prevention of and Response to Sexual Assault*.

Is this report about yourself or someone else? \_\_\_\_\_

To your knowledge, have any other reports been made about this incident? \_\_\_\_\_

1. Date of Report: \_\_\_\_\_ Time: \_\_\_\_\_

2. Date of Assault: \_\_\_\_\_ Time: \_\_\_\_\_

Information on the Victim/Survivor

3. Sex:  Male  Female
4. Age: \_\_\_\_\_
5. Affiliation with Chapman:  Undergraduate  Staff  
 Graduate Student  Not Affiliated  
 Faculty  Other \_\_\_\_\_
6. Residence:  Residence Life area  
 Off Campus
7. Race/Ethnicity:  African American  Native American  
 Asian American  Mixed  
 Hispanic/Latino  Other \_\_\_\_\_  
 Caucasian

Information on the Assault

8. Type of Coercion/Force Involved:  Verbal  Threat of injury/death  
 Physical  Abduction  
 Presence of Weapon  Other \_\_\_\_\_
9. Nature of Assault (Check all that apply)  Sexual Assault (verbal)  Complete Rape:  
 Sexual Assault (physical)  
 vaginal,  oral  anal  
 Attempted Sexual Assault
10. Place of Assault  Victim's Home  Residence Life area  
 Offender's Home  Outdoors  
 Workplace  Parking Lot  
 Public Campus Facility  Other: \_\_\_\_\_  
 Car/Vehicle
11. Was the person who was assaulted using drugs and/or alcohol at the time of the assault?  
 yes (alcohol)  no  
 yes (drugs)  no
12. If yes, did he or she feel pressured to consume or use?  
 yes  no

Information on the Offenders

13. Number of offenders: \_\_\_\_\_
14. Sex of offender:  male  female
15. Race/Ethnicity:  African American  Native American  
 Asian  Mixed  
 Hispanic/Latino  Other \_\_\_\_\_  
 White  Don't know
16. Affiliation to Chapman:  Undergraduate Student  Multiple offenders of different Affiliations  
 Graduate Student  Not Affiliated  
 Faculty  Other \_\_\_\_\_  
 Staff  Don't know
17. Residence of Offender:  Residence Life area  Off Campus  
 Don't know
18. Age of Offender(s): **If Single offender:**  13- 19  13- 19  
 20- 25  20- 25  
 26- 30  26- 30  
 31- 40  31- 40  
 Other \_\_\_\_\_  Other \_\_\_\_\_
19. Offender's Relationship  Don't know  
 Partner/Lover  
 Acquaintance to the Assaulted Person:  
 Expartner/Ex-Lover  
 Met same day- socially  
 Spouse  
 Met same day- non socially  
 Colleague/coworker  Stranger  
 Faculty/Teaching Assistant  Other: \_\_\_\_\_  
 Staff/Administrator
20. Was offender using drugs or/and alcohol at time of assault?  
 yes (drugs)  no  Don't know  
 yes (alcohol)  no  Don't know

**Follow-up**

Does the assaulted person plan to seek legal or Chapman disciplinary action against the offender?

- yes (outside Chapman)  no  Don't know  
 yes (inside Chapman)  no  Don't know

What resources has this person utilized thus far?

- Dean of Students  Public Safety  
 Medical- Student Health Center  Counselor-SPCS Services  
 R. A.  OffCampus Medical  
 Rape Hotline  Dean of the Chapel  
 CARES Coordinator/Peers  Other \_\_\_\_\_

Optional Question: (Briefly describe the incident: *If identifying information is given, it may be necessary for the University to investigate this report*).

Adopted from a similar form used at M.I.T.