

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.