This form is for reporting a sexual assault anonymously or by a third party. The information in this form is used for compiling sexual assault statistics. Filing this form will not result in an investigation. The victim/survivor may complete this form her/himself or s/he may ask a third party to complete it and forward it to the Brandeis University police department. Please give as much information as possible. Reports may be filed at any point after the incident. This record will be kept by the police and may be used by the survivor to pursue the incident further.

If you have any questions or would like to file a non-anonymous report, please contact the Campus Police at (781)736-3333, the Dean of Students Office at (781)736-3600 or Title IX Coordinator Linda Shinomoto at (781)736-4456 or via email at shinomot@brandeis.edu

Date of Report: ____________ Date of Assault: ____________ Time of Assault: _________

SURVIVOR INFORMATION

To the best of your ability, please complete the below information as it applies to the survivor

Gender:

☐ Male ☐ Female ☐ Transgender ☐ Other
☐ I do not wish to identify

Age:

____________

Race/Ethnicity:

☐ African American ☐ Asian ☐ Bi-Racial ☐ Latino
☐ Native American ☐ White ☐ Other
☐ I do not wish to identify

Affiliation to the University:

☐ Faculty ☐ Staff ☐ Student ☐ Visitor
☐ Other
ASSAULT INFORMATION
To the best of your ability, please complete the below information as it applies to
the incident being reported

Type of Assault (check all that apply):
☐ Sexual assault without consent (fondling, kissing, petting) ☐ Attempted Assault
☐ Penetration (oral, anal, vaginal) ☐ Other

Type of Coercion/Force Used (check all that apply):
☐ Verbal ☐ Threat of Force ☐ Use of Physical Force
☐ Position of Authority (supervisor, professor, parent, etc.) ☐ Other

If you selected “other”, please describe:
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Was lack of consent due to incapacitation by:
☐ Alcohol ☐ Drugs ☐ Both

Did the Survivor feel compelled or pressured to consume or use:
☐ Yes ☐ No

Location where the assault occurred:
☐ Survivors Home ☐ Workplace ☐ Outdoors
☐ Offender’s home ☐ Parking Lot ☐ Car/Vehicle
☐ Residence Hall ☐ Public Facility (gym, library, etc.)
☐ Other
If you selected “other”, please describe:

_____________________________________________________________
_____________________________________________________________
_____________________________________________________________
_____________________________________________________________
_____________________________________________________________
_____________________________________________________________

OFFENDER INFORMATION

To the best of your ability, please complete the below information as it applies to the offender of the incident being reported

Number of offenders:
__________________________

Gender of offenders:

☐ Female ☐ Multiple Females ☐ Male
☐ Multiple Males ☐ Males and Females ☐ Transgender
☐ Multiple Transgender ☐ Uncertain

Race/Ethnicity (check all that apply):

☐ African American ☐ Asian ☐ Bi-Racial ☐ Latino
☐ Native American ☐ White ☐ Other
☐ Uncertain

Affiliation to the University:

☐ Faculty ☐ Staff ☐ Student ☐ Visitor
☐ Other ☐ Uncertain

Approximate age of offender(s) at the time of the incident:
__________________________
Offender’s relationship to Survivor before the incident:

☐ Stranger       ☐ Relative       ☐ Spouse       ☐ Partner/Lover
☐ Ex-Partner/Lover ☐ Spontaneous date ☐ Acquaintance

☐ Other

If you selected “other”, please describe:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Was the Offender using drugs or alcohol at the time of the incident:

☐ Alcohol       ☐ Drugs       ☐ Uncertain

FOLLOW UP INFORMATION

To the best of your ability, please complete the below information as it applies to the survivor

What resources has the Survivor utilized (if any):

☐ Community Living ☐ Campus Police ☐ Crisis Hotline
☐ Dean of Students Office ☐ Religious ☐ Medical
☐ District Attorney’s Office ☐ Waltham/Local Police
☐ RCC/Prevention Services ☐ Other ☐ Uncertain

If you selected “other”, please describe:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Notes and Comments:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________