

WELLESLEY COLLEGE

ANONYMOUS REPORT OF SEXUAL ASSAULT

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, if the survivor wishes to remain anonymous. The survivor may complete this form her/himself and forward it to the Wellesley College Police Department, or s/he may ask a 3rd party (i.e. a friend or counselor) to complete it.

Date of Report: \_\_\_\_\_

Date of Assault: \_\_\_\_\_

I. Survivor Information

- 1. Sex: [ ] Female [ ] Male
2. Age: \_\_\_\_\_
3. Ethnicity/race: [ ] African-American [ ] Latino [ ] Other
[ ] Asian [ ] Native American
[ ] Bi-Racial [ ] White
4. Affiliation to Wellesley College:
[ ] Faculty [ ] Staff
[ ] Visitor [ ] Student (Academic Year: )

II. Assault Information

- 5. Type of Assault: [ ] Sexual contact without consent (fondling, kissing, petting)
[ ] Attempted intercourse
[ ] Intercourse ([ ] oral, [ ] anal, [ ] vaginal)
[ ] Other, describe: \_\_\_\_\_
6. Type of force used: (check all that apply):
[ ] Verbal
[ ] Threat of physical force ([ ] weapon used; if so, type: \_\_\_\_\_)
[ ] Use of physical force ([ ] weapon used; if so, type: \_\_\_\_\_)
[ ] Position of authority (supervisor, professor, parent, etc.)
[ ] Other (describe: \_\_\_\_\_)
7. Was lack of consent due to incapacitation by: [ ] Alcohol [ ] Drugs [ ] Both
8. If yes, did the victim feel compelled or pressured to consume or use: [ ] Yes [ ] No
9. Does the victim know or believe that one of the following was used:
[ ] GHB [ ] Rohypnol [ ] Ketamine
10. If yes, did the victim feel compelled or pressured to consume or use: [ ] Yes [ ] No
11. Did the assault occur on campus: [ ] Yes [ ] No If so, location: \_\_\_\_\_

