CORBAN Report Form for Sexual Assault

What is sexual assault?

Sexual assault is any nonconsensual sexual act. A sexual act is nonconsensual if it is inflicted upon someone who cannot grant consent (due to cognitive disability, age, incapacitation due to drug/alcohol use, etc.) or compelled through the use of coercion, intimidation, threats, or physical force. Anonymous reports will be investigated to the extent possible, however, complete information will facilitate a more adequate response.

SURVIVOR'S AND REPORTER'S INFORMATION (the reporter and survivor can be different people) Today's date:

e-mail

Survivor's name:		Age: Gender:
Survivor's affiliation to the institution: Undergraduate student Graduate Student Faculty Staff Not affiliated Other:	Survivor's residence: On-campus housing Off-campus housing Other	 Check here if you are reporting a sexual assault, but you are <u>not</u> the survivor. Reporter's name Relationship to survivor

OFFENDER'S INFORMATION

Phone:

Note: If an offender's name or group affiliation is listed, the institution may take action with the offender's group. Number of offender(s)______Name of offender(s)______

If known: Offender's address	Telephone	
Offender's affiliation to the	Offender's relationship to survivor:	Offender(s) use of alcohol and
institution:	□Partner or lover	other drugs (check all that apply):
Undergraduate student	□Spouse	□ Used alcohol
Graduate student	Ex-partner, spouse, or lover	Used drugs other than alcohol
□ Faculty	□ Work supervisor	Unknown whether alcohol or drugs
□ Staff	□ Colleague or co-worker	were used.
Not affiliated	Acquaintance	Offender(s)' residence:
□ Other:	□Stranger	On-campus housing
	<u> </u>	□ With his/her family
		□ Off-campus housing
ASSAULT INFORMATION		
Date of assault:	Time of assault:	
Location of Assault: (check all that	annly)	
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\Box On-campus housing		or given alcohol and/or other drug
□Off-campus housing	Without conser	nt or knowledge?:
□ Other (please note location and type of)	housing) \Box Yes	

□ Yes

□ No □ Unknown

OTHER REPORTS: To your knowledge, has anyone reported this incident to a public agency (for example: hospital, health department, police, public safety department, or institution administrators)?

□ Yes □ No □ Unknown If yes, please list agencies: ____

If you wish, write a description of the incident on the back. You may attach additional pages. Please drop this form off in the Student Life Office or put in campus mail. Call 503-375-7010 to speak with counselor.