

**Sexual Offense Confidential Reporting Form
Georgia Institute of Technology**

Please **hand deliver** this completed form to: **Victim-Survivor Advocate, Health Initiatives, suite 232 of Stamps Health Services, 740 Ferst Drive NW, Atlanta, GA 30332-0470. (9 a.m. to 4:30 p.m.): Mark "confidential"**

**Questions regarding this form or resources? Contact the Victim-Survivor Advocates:
Jennifer Gagen at (404) 385-4464 or Katy Berteau at (404) 385-4451.**

| | |
|--|-----------------------------------|
| Today's Date: _____ Incident Date/Time: _____ | |
| Person Receiving Report/Title: _____ | Phone Number: (____) ____ - _____ |
| Victim Reporting Offense: _____ (name will not be released) | |
| Reported with Other Offices? (circle all that apply) Victim Advocate Title IX Housing | |
| Women's Resource Center Police Dean of Students Office Counseling Center Health Services | |
| Other: _____ | |

| |
|--|
| Victim: (Check all that apply) |
| <input type="checkbox"/> Male |
| <input type="checkbox"/> Female |
| <input type="checkbox"/> Transgender |
| <input type="checkbox"/> Unknown |
| |
| <input type="checkbox"/> GT Undergraduate |
| <input type="checkbox"/> 1 st year |
| <input type="checkbox"/> 2 nd year |
| <input type="checkbox"/> 3 rd year |
| <input type="checkbox"/> 4 th year |
| <input type="checkbox"/> 5 th year |
| Other: _____ |
| <input type="checkbox"/> GT Graduate Student |
| <input type="checkbox"/> Faculty/Staff |
| <input type="checkbox"/> Visitor |
| <input type="checkbox"/> Unknown (undisclosed) |
| Other: _____ |
| |
| Under influence of alcohol? |
| <input type="checkbox"/> Yes |
| <input type="checkbox"/> No |
| <input type="checkbox"/> Unknown |
| Under influence of drugs? |
| <input type="checkbox"/> Yes |
| <input type="checkbox"/> No |
| <input type="checkbox"/> Unknown |

| |
|--|
| Assailant: (Check all that apply) |
| <input type="checkbox"/> Male |
| <input type="checkbox"/> Female |
| <input type="checkbox"/> Transgender |
| <input type="checkbox"/> Unknown |
| |
| <input type="checkbox"/> GT Undergraduate |
| <input type="checkbox"/> 1 st year |
| <input type="checkbox"/> 2 nd year |
| <input type="checkbox"/> 3 rd year |
| <input type="checkbox"/> 4 th year |
| <input type="checkbox"/> 5 th year |
| Other: _____ |
| <input type="checkbox"/> GT Graduate Student |
| <input type="checkbox"/> Faculty/Staff |
| <input type="checkbox"/> Visitor |
| <input type="checkbox"/> Unknown (undisclosed) |
| Other: _____ |
| |
| Under influence of alcohol? |
| <input type="checkbox"/> Yes |
| <input type="checkbox"/> No |
| <input type="checkbox"/> Unknown |
| Under influence of drugs? |
| <input type="checkbox"/> Yes |
| <input type="checkbox"/> No |
| <input type="checkbox"/> Unknown |

| |
|--|
| Were victim and assailant acquainted? |
| <input type="checkbox"/> Yes |
| <input type="checkbox"/> No |
| <input type="checkbox"/> Unknown |

Name of the Accused NOT Requested: This confidential form does not request the name of the accused. **IF** the name (or other identifying information) of the accused is given to an Institute official, the Institute is **required** to investigate whether or not the victim chooses to report it. An official report can be given to the Police, Student Integrity or Title IX Office if a victim chooses.

| |
|--|
| May a Victim-Survivor Advocate contact the individual for follow-up support? |
| <input type="checkbox"/> Yes |
| <input type="checkbox"/> No |
| If yes, please provide: email or phone number: _____ |
| (Information will not be released) |

| |
|---|
| Resources: |
| <ul style="list-style-type: none"> • Campus and Community resource information can be found at http://voice.gatech.edu/content/60/campus-resources Information about resources shared with person reporting the assault? <input type="checkbox"/> Yes <input type="checkbox"/> No • Does the individual plan to utilize any resources? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain • Has the individual identified any family or friends who could provide support? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain |

Brief description of the incident:

1. LOCATION OF INCIDENT (Please check appropriate category, also include general location if possible)

| | |
|--|--|
| Location (Building and/or Street): _____ | |
| On-campus, but not in residence hall | |
| <input type="checkbox"/> | Fraternity house |
| <input type="checkbox"/> | Sorority house |
| <input type="checkbox"/> | Car/Vehicle |
| <input type="checkbox"/> | Institute building |
| <input type="checkbox"/> | Religious house |
| <input type="checkbox"/> | Other: _____ |
| On-campus housing (residence halls) | |
| <input type="checkbox"/> | Victim's residence |
| <input type="checkbox"/> | Assailant's residence |
| <input type="checkbox"/> | Friend's residence |
| Off Campus/Noncampus Building or Property | |
| <input type="checkbox"/> | Off-campus affiliated property (owned, controlled or affiliated with the campus) |
| <input type="checkbox"/> | Off-campus public property immediately adjacent to campus (ie: streets or sidewalks, parking garage) |
| <input type="checkbox"/> | Off-campus private property immediately adjacent to campus (ie: private residence or business) |
| <input type="checkbox"/> | Other off-campus property not adjacent or affiliated to campus |
| <input type="checkbox"/> | Unknown |

2. INCIDENT TYPE

The incident type is federally required. Please complete if the incident was forcible, non-forcible or aggravated assault (include subcategories if known). Definitions are attached. (Please check appropriate response.)

| | |
|------------------------------------|---|
| Forcible Sexual Offense | |
| <input type="checkbox"/> | Forcible Rape |
| <input type="checkbox"/> | Forcible Sodomy |
| <input type="checkbox"/> | Sexual Assault w/ an object |
| <input type="checkbox"/> | Forcible Fondling |
| <input type="checkbox"/> | Attempted Rape |
| <input type="checkbox"/> | Use of a predatory drug/alcohol suspected |
| Non-Forcible Sexual Offense | |
| <input type="checkbox"/> | Statutory Rape |
| Other Offenses Involved | |
| <input type="checkbox"/> | Severe injury |
| <input type="checkbox"/> | Use of weapon; Type: _____ |
| <input type="checkbox"/> | Verbal or Emotional Abuse |
| <input type="checkbox"/> | Physical Abuse |
| <input type="checkbox"/> | Verbal Threats |
| <input type="checkbox"/> | Destruction of Property |
| <input type="checkbox"/> | (Sexual) Harassment |
| <input type="checkbox"/> | Stalking |
| <input type="checkbox"/> | Intimate Partner Violence |
| <input type="checkbox"/> | Domestic Violence |

3. HATE CRIMES

- **Hate crime information is required to be reported for sex offenses.** (See definition)
- Does the victim believe this incident to be motivated by hate or bias? ____No ____Yes
If yes, brief reason for determination: _____

Hate Incident Type (Check all that apply)

| | | | | | | | |
|--------------------------|----------|--------------------------|------------|--------------------------|--------------------|--------------------------|-------------|
| <input type="checkbox"/> | Race | <input type="checkbox"/> | Ethnicity | <input type="checkbox"/> | National Origin | <input type="checkbox"/> | Other _____ |
| <input type="checkbox"/> | Religion | <input type="checkbox"/> | Disability | <input type="checkbox"/> | Sexual Orientation | | |

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