FORM FOR REPORTING INFORMATION
Regarding Acts of
SEXUAL ASSAULT AND RAPE AGAINST STUDENTS

The rights of confidentiality for students of the Moravian College community will be respected throughout the informational phase and subsequent phases to the extent that it is possible to do so. All colleges are required to report statistics about the incidence of sexual assault and rape on their campuses. The information provided below will be used for that purpose. (If the victim seeks anonymity, avoid using details which would compromise this)

Reporting Person ________________________________      Position ____________________
(Name of person completing form; not the victim’s name)

Date that incident occurred ____________________      Today’s Date ____________________

If the victim chooses not to remain anonymous, with the right to choice reinforced, please indicate the victim’s name below:

Classification of incident:    (  ) Rape      (  ) Sexual Assault
Brief description of incident:
______________________________________________________________________________
______________________________________________________________________________

Location of incident: _____________________________________________________________

Did the incident occur on Moravian College property? (  ) Yes  (  ) No
Indicate area of occurrence:  (  ) Campus    (  ) Non-Campus   (  ) Public Property   (  ) Residential

Has the victim consulted with anyone concerning this incident before today? (  ) Yes (  ) No
If yes, indicate who was consulted: _________________________________________________

Has the victim any reason to believe that someone else may have completed a reporting form such as this?  (  ) Yes (  ) No
If yes, indicate who may have done so: ___________________________________________

Assailant Information: Number of assailants ______
Identity known to victim? (  ) Yes (  ) No
Gender:      (  ) Female  (  ) Male
If identity is known and the victim chooses to reveal it, please do so in the space below:

The following information is requested in order to reduce the possibility of duplicate reporting.
Victim Information: Gender: (  ) Female (  ) Male
Year:  (  ) Fr.   (  ) Soph (  ) Jr.   (  ) Sr.
Resident student:   (  ) Yes (  ) No

PLEASE RETURN THIS FORM TO THE CAMPUS SAFETY OFFICE IN A SEALED ENVELOPE AS SOON AS POSSIBLE

2/1/99