

Data Form for sexual violence incidents

For Office Use Only

Incident # _____

The purpose of this form is to collect aggregate statistical data, monitor service usage, and detect trends to inform prevention and response programs at the University of Georgia in compliance with the Jeanne Clery Act. Completing this form is not a substitute for reporting violence to police or campus authorities. Leave sections blank if unknown. **Please do not fill this form out in the presence of the person disclosing. This is an anonymous form. The survivor's name, date of birth, and social security number should not be recorded.**

Victim/Survivor Information

Gender: _____ **Age:** _____ **Race/Ethnicity:** _____ **On-campus resident:** ☐ Yes ☐ No
UGA affiliation: ☐ Student ☐ Staff ☐ Faculty ☐ Other (_____)

Offender Information

Gender: _____ **Age:** _____ **Race/Ethnicity:** _____ **On-campus resident:** ☐ Yes ☐ No
Multiple offenders: ☐ Yes (Number: _____) ☐ No
UGA affiliation: ☐ Student ☐ Staff ☐ Faculty ☐ Other (_____) ☐ Unknown ☐ No campus affiliation
Relationship to victim: ☐ Partner/Spouse ☐ Acquaintance/Friend ☐ Family member ☐ Stranger ☐ Other (_____)

Incident Information

Date of incident: _____ **Time of incident:** _____ **Location:** ☐ Victim's home ☐ Offender's home ☐ Other
Describe ***SPECIFIC*** location where incident occurred (which dormitory, fraternity/sorority house, downtown bar, etc.)

Type of incident: (Check all that apply)

☐ Rape (vaginal penetration by penis without consent) ☐ Attempted Rape ☐ Sexual Assault/Battery (touching, kissing, or other penetration of intimate parts of another person for the purpose of sexual gratification without consent)

☐ Other (_____)

Describe any physical injuries the victim/survivor sustained: _____

Coercion/force used by offender(s): (Check all that apply)

☐ Verbal pressure or argument

☐ Position of authority (teacher, supervisor, etc.)

☐ Threat of harm (threatened to hit, kill, otherwise injure, etc.)

☐ Physical force (held victim down, blocked exit, etc.)

☐ Perpetrator had a weapon (please specify _____)

☐ Gave victim alcohol or other drugs

☐ Abduction

☐ Other (please specify _____)

Other relevant information: _____

Post-incident Events

Incident reported to: ☐ Campus police ☐ Local police ☐ Relationship and Sexual Violence Prevention Coordinator
☐ Other (_____)

Medical care received at: ☐ University Health Center ☐ Other (_____) ☐ None

Evidence collection exam: ☐ Yes ☐ No **Testing for predatory drugs:** ☐ Yes ☐ No

Victim/survivor sought assistance from: ☐ Family/friends ☐ University Health Center: (☐ Medical ☐ CAPS)
Community Agency (_____) ☐ Other (_____)

Fax immediately to UGA-PD (706) 542-6960

Dated _____

Please send this form as soon as possible in a confidential, sealed envelope to the Relationship and Sexual Violence Prevention Coordinator, Health Promotion Dept., University Health Center, 55 Carlton St., Athens, GA 30602-1755