KEENE STATE COLLEGE
CONFIDENTIAL REPORT OF SEXUAL ASSAULT

Colleges are required to report statistics about the incidence of sexual assault on their campuses. The information provided below will be used for that purpose. *(If the victim seeks anonymity, avoid using individually identifiable information).*

Keene State College will maintain confidentiality where, and to the extent, legally and reasonably appropriate, with the facts made available only to those with a compelling need to know. Confidentiality cannot be unconditionally guaranteed under any circumstances. The College has a responsibility to act where it has reason to know of a violation that may present a potential threat to the community.

Reporting Person: _____ **Position**: _____
(Name of person completing form; not the victim's name)

Date and time incident occurred: _____**Today's Date**:_____

If the victim *chooses not* to remain anonymous, indicate the victim's name:_____

Classification of incident: _____ Rape (vaginal, anal or oral penetration) Attempted Completed

____ Sexual Contact (intentional unwanted contact with sexual or intimate parts, including breasts and buttocks)

Brief description of incident:
_____

_____

Location of incident: _____

On-Campus: _____Residence Hall _____Academic Facility _____Athletic Facility
_____ Vehicle _____ Outside _____Other-specify:_____

Off Campus: _____Public Property (sidewalk, street) Adjacent to campus: Yes No
_____Private apartment or home
_____Non-campus college affiliated facility
_____Other-specify:_____

Has the victim consulted with or reported this incident to anyone before today? ( ) Yes ( ) No
If yes, indicate who_____

Assailant Information: Number of assailants _____ Assailant known to victim? ( ) Yes ( ) No
Relationship:_____
( ) Female ( ) Male Race:_____

Was the assailant under the influence of: _____alcohol _____drugs _____unknown

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: ( ) Female ( ) Male Race:_____
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