

Anonymous Data Form

For Office Use Only - Incident # _____

This form collects statistical data and detects trends to inform prevention and response efforts at the University of Georgia in compliance with the Jeanne Clery Act and Title IX. Leave blank any fields where information is unknown. Attach additional page if needed. Completing this form is not a substitute for reporting to the UGA Police or the UGA Equal Opportunity Office if the victim/survivor wishes to do so, or where a report to law enforcement is required by Georgia state law. Unless being completed by UHC CAPS or Medical Clinician, use of this form does not guarantee victim/survivor anonymity where a threat to the future safety of an individual or the University community exists requiring further action by the University. In such case, the victim/survivor will be notified before further action is taken.

Victim/Survivor Information			
Gender:	Age:	Race/Ethnicity:	On-Campus Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No
UGA Affiliation: <input type="checkbox"/> Student <input type="checkbox"/> Staff <input type="checkbox"/> Faculty <input type="checkbox"/> Other (_____) <input type="checkbox"/> No Affiliation <input type="checkbox"/> Unknown			
Offender Information			
Gender:	Age:	Race/Ethnicity:	On-Campus Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No
UGA Affiliation: <input type="checkbox"/> Student <input type="checkbox"/> Staff <input type="checkbox"/> Faculty <input type="checkbox"/> Unknown <input type="checkbox"/> No Affiliation <input type="checkbox"/> Other (_____)			
Relationship to victim: <input type="checkbox"/> Current partner/spouse <input type="checkbox"/> Currently dating/romantic <input type="checkbox"/> Acquaintance/friend <input type="checkbox"/> Family member <input type="checkbox"/> Stranger <input type="checkbox"/> Former partner/spouse <input type="checkbox"/> Formerly dating/romantic <input type="checkbox"/> Other (_____)			
Multiple Offenders: <input type="checkbox"/> Yes (# of offenders: _____) <input type="checkbox"/> No		Name(s) of Offender(s):	
Incident Information			
Date of incident:	Time of incident:	Location: <input type="checkbox"/> On-campus <input type="checkbox"/> Off-campus <input type="checkbox"/> Other (_____)	
Describe specific location where incident occurred including name of location and/or address, if known:			
Type of Incident: <input type="checkbox"/> Sexual Violence <input type="checkbox"/> Relationship/Interpersonal Violence <input type="checkbox"/> Both			
Sexual Violence Incident		Relationship/Interpersonal Violence Incident	
<input type="checkbox"/> Rape (<i>vaginal penetration by penis without consent</i>) <input type="checkbox"/> Attempted Rape <input type="checkbox"/> Sexual Assault/Battery (<i>touching, kissing, other penetration of intimate parts of another person without consent</i>) <input type="checkbox"/> Other _____ Additional factors involved (check all that apply): <input type="checkbox"/> Verbal abuse emotional/psychological pressure <input type="checkbox"/> Position of authority (<i>teacher, supervisor, etc.</i>) <input type="checkbox"/> Threat of force/harm (<i>threatened to hit, kill, injure</i>) <input type="checkbox"/> Physical force (<i>held victim down, blocked exit, etc.</i>) <input type="checkbox"/> Perpetrator had a weapon (specify _____) <input type="checkbox"/> Alcohol or drugs involved <input type="checkbox"/> Abduction or false imprisonment <input type="checkbox"/> Other (specify _____)		<input type="checkbox"/> Domestic Violence / Dating Violence (if occurred within last 45 days, contact UGA PD) <input type="checkbox"/> Physical Abuse (<i>hitting, slapping, shoving, biting, denying medical care</i>) <input type="checkbox"/> Sexual Abuse (<i>coercing sexual contact without consent, treating in a sexually demeaning manner</i>) <input type="checkbox"/> Emotional Abuse (<i>constant criticism, diminishing self-worth, name-calling</i>) <input type="checkbox"/> Economic Abuse (<i>attempts to make one financially dependent upon partner, withholding access to money, forbidding attendance to school/work</i>) <input type="checkbox"/> Psychological Abuse (<i>causing fear/intimidation, threats of or harm to self/partner/pets/etc., forcing isolation of partner</i>) <input type="checkbox"/> Stalking (<i>pattern of repeated and unwanted attention, harassment, contact or other conduct that would cause a reasonable person to feel fear</i>)	
		Describe any physical injuries the victim/survivor sustained from either sexual or relationship violence:	
Post-Incident Events			
Incident reported to: <input type="checkbox"/> UGA Police <input type="checkbox"/> ACC Police <input type="checkbox"/> EOO <input type="checkbox"/> Other (_____)			
Medical care received at: <input type="checkbox"/> University Health Center <input type="checkbox"/> Other (_____)			
Evidence Collection Exam Conducted: <input type="checkbox"/> Yes <input type="checkbox"/> No		Testing for predatory drugs: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Victim/survivor sought assistance from: <input type="checkbox"/> Family/friends <input type="checkbox"/> UHC CAPS <input type="checkbox"/> UHC RSVP <input type="checkbox"/> Other (_____)			

University Official completing this form: _____ Date completed: _____

Please fax this form to UGA Police at (706)542-6960. Call (706)542-2200 to confirm receipt. Date faxed: _____