



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***