SEXUAL ASSAULT / SEXUAL HARASSMENT
MANDATED REPORTING FORM
UNIVERSITY OF WISCONSIN-RIVER FALLS

COMPLETING THIS FORM IS REQUIRED IF EITHER OF THE TWO CONDITIONS BELOW APPLY:

☐ THE ASSAULT TOOK PLACE ON CAMPUS OR PROPERTY ADJACENT TO CAMPUS (any time, non-student or student) and you have witnessed the assault or spoken with the victim or offender (first-hand report).

☐ A UWRF STUDENT REPORTED AN ASSAULT THAT OCCURRED (any college, any location) and you have witnessed the assault or spoken with the victim or offender or this is a third party report.

When filling out this form - please complete as much information as possible

Victim/Complainant’s Name __________________________ Phone # ______________ Campus email: ___________@my.uwrf.edu

Date of assault: __________________________ Time of assault: __________________________

Location of assault: __________________________ (ex: K- parking lot, specific Residence Hall etc.)

- On-campus: ☐
- Off-campus, in City of River Falls: ☐
- Other (Off-campus, outside River Falls): ☐
- Contiguous Public Property (such as streets, sidewalks, etc. adjacent to University property): ☐

Relationship of victim to Offender/Respondent: acquaintance* ☐ not an acquaintance ☐ unknown ☐

*an acquaintance is someone the victim would define as “not a stranger”

Victim/Complainant: Age: ______

☐ UWRF Student ☐ UWRF Employee ☐ Nonstudent

☐ Student at other College or University: __________________________

Offender/Respondent: Age: ______ Name of Offender/Respondent (if given): __________________________

☐ UWRF Student ☐ UWRF Employee ☐ Nonstudent ☐ Unknown

☐ Student at other College or University: __________________________

Description of Incident for Statistical Purposes:

Was there any form of intercourse or penetration of a body cavity? Yes ☐ No ☐ Unknown ☐

Was there any touching either directly or over clothes of a person’s intimate parts? Yes ☐ No ☐ Unknown ☐

Was the victim unconscious at any time during the incident? Yes ☐ No ☐ Unknown ☐

Were there any injuries or illnesses (i.e. STI’s) sustained from the incident? Yes ☐ No ☐ Unknown ☐

If yes, has victim received any medical care? Yes ☐ No ☐ Unknown ☐

Were there any threats, use of violence or weapons involved? Yes ☐ No ☐ Unknown ☐

If yes, briefly describe: ____________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

THE FORM CONTINUES ON THE OTHER SIDE ➔
Description of incident: __________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Please attach another form or supplement if additional space is needed

<table>
<thead>
<tr>
<th>Was the assault reported to:</th>
<th>☐ UWRF Police</th>
<th>☐ Local Law Enforcement</th>
<th>☐ Student Conduct</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was the Victim/Complainant given a copy of Sexual Assault &amp; Sexual Harassment brochure? <a href="https://www.uwrf.edu/StudentHealthAndCounseling/StudentHealthServices/upload/Sexual-Assault-brochure-Final.pdf">https://www.uwrf.edu/StudentHealthAndCounseling/StudentHealthServices/upload/Sexual-Assault-brochure-Final.pdf</a></td>
<td>☐ Yes</td>
<td>☐ No</td>
<td></td>
</tr>
<tr>
<td>Was the Victim/Complainant informed about the Campus Victim Advocate? 715-425-3293 or 888-334-4677</td>
<td>☐ Yes</td>
<td>☐ No</td>
<td></td>
</tr>
<tr>
<td>Does the Victim/Complainant request information or assistance from:</td>
<td>☐ UWRF Police</td>
<td>☐ Student Health &amp; Counseling</td>
<td>☐ Student Conduct</td>
</tr>
<tr>
<td>Does the Victim/Complainant wish to initiate or has already initiated:</td>
<td>☐ no official action</td>
<td>☐ UWRF disciplinary action</td>
<td>☐ legal/ police action</td>
</tr>
</tbody>
</table>

Person receiving report and completing form (please print) __________________________

Date: __________________________

Please deliver completed report to: Gregg Heinselman – Title IX Coordinator
gregg.heinselman@uwrf.edu
170 University Center

(Within 24 hours or next business day)

RESOURCES
Student Health & Counseling
715-425-3884
www.uwrf.edu/StudentHealthAndCounseling/

UWRF Police Department
715-425-3133
www.uwrf.edu/Police/

Office of Student Conduct & Community Standards
715-425-0720
www.uwrf.edu/StudentConductAndCommunityStandards/

Office of SCCS
Use Only
☐ Karl Fleury/University Police Date: ________________
☐ Alice Reilly-Myklebust/Student Health & Counseling Date: ________________
☐ Gregg Heinselman/Title IX Coordinator Date: ________________