SEXUAL ASSAULT / SEXUAL HARASSMENT
MANDATED REPORTING FORM
UNIVERSITY OF WISCONSIN-RIVER FALLS
OFFICE OF STUDENT CONDUCT & COMMUNITY STANDARDS

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

<table>
<thead>
<tr>
<th>Victim/Complainant’s Name</th>
<th>Phone #</th>
<th>Campus email: @my.uwrf.edu</th>
</tr>
</thead>
</table>

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: ____________________________ |

<table>
<thead>
<tr>
<th>Offender/Respondent: Age: _____ Name of Offender/Respondent (if given): ____________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ UWRF Student □ UWRF Employee □ Nonstudent □ Unknown</td>
</tr>
<tr>
<td>□ Student at other College or University: ____________________________</td>
</tr>
</tbody>
</table>

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: ____________________________________________________________________________

Updated 3-30-2016
Description of incident: ______________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Please attach another form or supplement if additional space is needed

<table>
<thead>
<tr>
<th>Was the assault was 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></td>
</tr>
<tr>
<td></td>
<td>☐ civil action</td>
<td>☐ legal/police action</td>
<td></td>
</tr>
</tbody>
</table>

Person receiving report and completing form (please print) ________________________________
Date: ________________________________

Please deliver completed report to: Office of Student Conduct & Community Standards
B3 Hathorn Hall
(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
☐ Alice Reilly-Myklebust/Student Health & Counseling
☐ Gregg Heinselman/Title IX Coordinator
Date: ________________________________
Date: ________________________________
Date: ________________________________

Updated 3-30-2016