

**Sexual Violence Confidential Reporting Form
Georgia Institute of Technology**

Please **hand deliver** this completed form to: **VOICE Advocate, Health Initiatives, suite 232 of Stamps Health Services, 740 Ferst Drive NW, Atlanta, GA 30332-0470. (8 a.m. to 5:00 p.m.): Mark "confidential"**

**Questions regarding this form or resources? Contact the VOICE Advocates:
Jennifer Gagen at (404) 385-4464 or Amanda Planchard at (404) 385-4451.**

Today's Date: _____		Incident Date/Time: _____	
Person Receiving Report/Title: _____		Phone Number: () _____	
Victim Reporting Offense: _____ (name will not be released by VOICE)			
Reported with Other Offices? (circle all that apply)			
Human Resources	Police	Student Life Office	Housing
Counseling Center	Stamps/Health Services	Stamps/Psychiatry	Other: _____
		VOICE Advocate	Title IX
			Office of Student Integrity
			Women's Resource Center
			Fraternity and Sorority Life

Victim: (Check all that apply)

Male

Female

Transgender

Unknown

Assailant: (Check all that apply)

Male

Female

Transgender

Unknown

Were victim and assailant acquainted?

Yes

No

Unknown

GT Undergraduate

1st year

2nd year

3rd year

4th year

5th year

 Other: _____

GT Graduate Student

Faculty/Staff

Visitor

Unknown (undisclosed)

Other: _____

GT Undergraduate

1st year

2nd year

3rd year

4th year

5th year

 Other: _____

GT Graduate Student

Faculty/Staff

Visitor

Unknown (undisclosed)

Other: _____

VOICE Advocates provide supportive services to primary and secondary survivors including crisis intervention/safety planning, information about reporting options, referrals and accompaniment to services, academic and housing accommodations, and emotional support.

May a VOICE Advocate contact the individual for follow-up support?

Yes No

If yes, please provide: email or phone #:

Under influence of alcohol?

Yes

No

Unknown

Under influence of drugs?

Yes

No

Unknown

Under influence of alcohol?

Yes

No

Unknown

Under influence of drugs?

Yes

No

Unknown

If the person reporting the incident chooses to share the name of the assailant(s), please list here:

Responding to Reports of Sexual Violence Checklist (Remember these steps: Support, Refer, Report):

- Did you determine if the survivor is in immediate danger or in need of emergency medical care? Yes No
- Did you contact a VOICE Advocate for immediate support of person reporting the incident? Yes No
- Did you share information about resources with person reporting the incident? Yes No
- Does the individual plan to utilize any resources? Yes No Uncertain
- Has the individual identified any family or friends who could provide support? Yes No Uncertain
- Did you report this incident to Title IX Coordinator? Yes No If Yes, Date: _____

Campus and Community resources can be found at <http://healthinitiatives.gatech.edu/resources>

BRIEF DESCRIPTION OF THE INCIDENT: _____

1. LOCATION OF INCIDENT (Please check appropriate category, also include general location if possible)

Location (Building and/or Street): _____	
On-campus, but not in residence hall	
<input type="checkbox"/>	Fraternity house
<input type="checkbox"/>	Sorority house
<input type="checkbox"/>	Car/Vehicle
<input type="checkbox"/>	Institute building
<input type="checkbox"/>	Religious house
<input type="checkbox"/>	Other: _____
On-campus housing (residence halls)	
<input type="checkbox"/>	Victim's residence
<input type="checkbox"/>	Assailant's residence
<input type="checkbox"/>	Friend's residence
Off Campus/Non-campus Building or Property	
<input type="checkbox"/>	Off-campus affiliated property (owned, controlled or affiliated with the campus)
<input type="checkbox"/>	Off-campus public property immediately adjacent to campus (ie: streets or sidewalks, parking garage)
<input type="checkbox"/>	Off-campus private property immediately adjacent to campus (ie: private residence or business)
<input type="checkbox"/>	Other off-campus property not adjacent or affiliated to campus
<input type="checkbox"/>	Unknown

Did this occur at one of GT's other locations? Please also note the location type information above.					
<input type="checkbox"/>	GT- Lorraine	<input type="checkbox"/>	GT- Shenzhen	<input type="checkbox"/>	GT- Savannah
<input type="checkbox"/>					Study Abroad: _____

2. INCIDENT TYPE

The incident type is federally required. (Please check appropriate response. If unsure, contact a VOICE Advocate or use your best guess as to which category to choose)

<input type="checkbox"/>	Rape
<input type="checkbox"/>	Fondling
<input type="checkbox"/>	Past Childhood Sexual Abuse
<input type="checkbox"/>	Statutory Rape
<input type="checkbox"/>	Dating Violence
<input type="checkbox"/>	Domestic Violence
<input type="checkbox"/>	Stalking
<input type="checkbox"/>	Intimidation/Verbal or Emotional Abuse
<input type="checkbox"/>	Sexual Harassment
<input type="checkbox"/>	Harassment
<input type="checkbox"/>	Other: _____

Please check if any of the following apply:

<input type="checkbox"/>	Use of a <u>predatory</u> drug/alcohol suspected
<input type="checkbox"/>	Use of a weapon
<input type="checkbox"/>	Resulted in serious injury

3. HATE CRIMES

- Does the victim believe this incident to be motivated by hate or bias? _____ No _____ Yes

If yes, brief reason for determination: _____

Hate Incident Type (Check all that apply)

<input type="checkbox"/>	Race	<input type="checkbox"/>	Ethnicity	<input type="checkbox"/>	National Origin	Other: _____
<input type="checkbox"/>	Religion	<input type="checkbox"/>	Disability	<input type="checkbox"/>	Sexual Orientation	