

International Institute for Restorative Practices
FORM FOR REPORTING INFORMATION
Regarding Acts of SEXUAL ASSAULT and RAPE

Call 911 for emergency assistance.

If you are made aware of a crime after the fact, please call the Vice President for Administration or the Graduate School Office at 610-807-9221 immediately.

The rights of confidentiality for students of the IIRP 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 below will be used for that purpose. *If the victim seeks anonymity, avoid using details that would compromise this.*

Name of the Person Reporting (not the victim):	
Position of the Person Reporting:	
Today's Date:	Date the Incident Occurred:
If the victim chooses <i>not</i> to remain anonymous, with the right to choose reinforced, please indicate their name:	
Type of Incident: <input type="checkbox"/> Rape <input type="checkbox"/> Sexual Assault	
Brief Description of the Incident:	
Has the victim consulted with anyone concerning this incident before today? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, who was consulted?	
Has the victim any reason to believe that someone else may have completed a reporting form such as this? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, who may have done so?	

Location of the Incident:		
Did the incident occur on IIRP property? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did the incident occur in the building? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did the incident occur on the street? <input type="checkbox"/> Yes <input type="checkbox"/> No

Number of Assailants:	Gender(s) of Assailant(s): <input type="checkbox"/> Female <input type="checkbox"/> Male
Is the identity of the assailant known to the victim? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If the identity is known and the victim chooses to reveal it, please do so here:	

Please return this form to the Office of the Vice President for Administration in a sealed envelope, marked CONFIDENTIAL, as soon as possible. (531 Main Street, Bethlehem, PA 18018)