

Murray State University
Sexual Assault Anonymous Reporting Form

Victim Information:

Gender: _____ Ethnicity: _____
Age: _____ Marital Status: _____

Faculty Staff Student Visitor

Lives On Campus: No Yes; Residential College Name: _____

Description of Victim at time of assault (check as many as apply):

Less than 16 years old Mentally retarded or suffers from mental illness

Mentally incapacitated Physically helpless

Incapacitated from alcohol or drug use

Incident Information

Date of Incident: _____ Time of Incident: _____

Location: On Campus Off Campus

Detailed Location of Incident: _____

Description of Assault (check as many as apply):

Sexual contact without penetration (i.e. grabbing, fondling, kissing, petting).

Attempted intercourse (actual penetration did not occur).

Sexual contact with penetration (by penis or other object).

Other (describe) _____

Description of Force Used (check as many as apply).

Verbal Pressure or arguments

Position of Authority (teacher, supervisor, etc.)

Threat of Physical Force (threatened to hit, hold, or otherwise injure)

Actual Use of Physical Force (hit, held victim down, twisted arm, etc.)

Gave Victim Alcohol or Other Drug to Incapacitate

Assailant Information (Please put information for additional assailants on back of form)

Name: _____ Age: _____

Gender: _____ Ethnicity: _____

Hair Color: _____ Eye Color: _____

Height: _____ Weight: _____

Other Identifying Marks/Features: _____

Weapon(s) Used: _____ Connection to MSU: _____

Please return this form to the MSU Police at 16th/Chestnut Street or mail to:
101 Public Safety Building, Murray KY 42071