

**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 at 215-345-9585 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 incident 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).

Reporting Person Not the VICTIM		Position	
Today's Date			
Date Incident Occurred			
If the victim <i>chooses not to remain anonymous</i> with the right to choice reinforced, please indicate name.			
Type of Incident	<input type="checkbox"/> Rape <input type="checkbox"/> Sexual Assault		
Brief Description of Incident			

Location of incident: _____

Did the incident occur on IIRP property? YES NO

Did the incident occur in the building? YES NO

Did the incident occur on the street? YES NO

Has the victim consulted with anyone concerning this incident before today? YES 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?

YES NO If yes, who may have done so? _____

ASSAILANT INFORMATION: # of Assailants? _____

Identity known to victim? YES NO

Gender? FEMALE MALE

If identity is known and the victim chooses to reveal it, please do so in the space below:

PLEASE RETURN THIS FORM TO THE OFFICE OF THE VICE PRESIDENT FOR ADMINISTRATION IN A SEALED ENVELOPE MARKED CONFIDENTIAL AS SOON AS POSSIBLE: In person at 544 Main Street, Bethlehem or via mail to P.O. Box 229 Bethlehem, PA 18016