

Data Form**For relationship and sexual violence incidents**

The purpose of this form is to collect aggregate statistical data, monitor service usage, and detect trends to inform prevention and response programs at the University of Georgia. Completing this form is not a substitute for reporting violence to police or campus authorities. Leave sections blank if unknown. Please do not fill this form out in the presence of the person disclosing. This is an anonymous form. The survivor's name, date of birth, and social security number should not be recorded.

Victim/Survivor Information

Gender: Male Female **Age:** _____ **Race/Ethnicity:** _____ **On-campus resident:** Yes No
UGA affiliation: Student Staff Faculty Other (_____)
If student, year in school: First Second Third Fourth Fifth or more Graduate/Professional

Offender Information

Gender: Male Female **Age:** _____ **Race/Ethnicity:** _____ **On-campus resident:** Yes No
Multiple offenders: Yes (Number: _____) No (If yes, attach additional forms with information for each offender.)
UGA affiliation: Student Staff Faculty Unknown Other (_____) No campus affiliation
If student, year in school: First Second Third Fourth Fifth or more Graduate/Professional
Relationship to victim: Partner/Spouse Acquaintance/Friend Family member Stranger Other

Incident Information

Date of incident: _____ **Time of incident:** _____ **Location:** Victim's home Offender's home Other
Describe specific location where incident occurred (on campus, fraternity/sorority house, downtown, etc.)

Type of incident (Check all that apply). Relationship Violence (**psychological/emotional or physical abuse**)
 Sexual Abuse (**pressure to engage in degrading and/or humiliating sexual activity**) Rape (**penis penetrating vagina**) Attempted Rape Completed Sexual Assault (**any non-consensual sexual touching/penetration to include anal/oral without consent**) Attempted Sexual Assault Sexual Harassment Stalking Sexual Battery (**unwanted fondling or groping for sexual gratification**) Other (_____)
Use of drugs/alcohol: By offender (Type _____) By victim/survivor (Type _____)
Use of predatory drugs suspected: Yes No **Weapon involved:** Yes (Type _____) No Unknown
Other relevant information: _____

Post-incident Events

Incident reported to: Campus police Local police Office of Judicial Programs Office for Violence Prevention
 None
Medical care received at: University Health Center Other (_____) None
Evidence collection exam: Yes No **Testing for predatory drugs:** Yes No
Significant consequences for victim: Withdrawal from University Severe emotional stress Diminished academic performance Other (_____)
Victim acquired assistance from: Family/friends University Health Center Counseling and Psychological Services University Housing Community Agency (_____) Other (_____) Unknown
Has a data form for this incident been completed by another party? YES NO (Circle One)
Person completing report (optional)

If clarification is needed and you are comfortable with being contacted, please print your name and phone number.)

Date _____ **Received by** _____

**Please send this form as soon as possible in a confidential, sealed envelope to
Office for Violence Prevention 237 Memorial Hall, Athens, GA 30602-1755.**