



Sexual Assault Incident Report Form

Faculty and Staff

Old Dominion University



Thank you for taking the time to complete the SAIR Form. The SAIR Form should be completed by a faculty/staff member whenever a student, faculty or staff reports a sexual assault. Please fill out this form and discuss the suggested resources with the person reporting a sexual assault to you and deliver it by the end of the day to: S.A.F.E. Coordinator, Women's Center, 1000 Webb Center, 757-683-4109. The person reporting the incident, as well as the victim, can remain anonymous. This form is confidential and will remain with the S.A.F.E. Coordinator.

The SAIR Form will:

- Assist with the tracking of sexual assault incidents involving members of the Old Dominion University community.
- Assist the University in complying with crime reporting requirements and assessing the safety of our campus.
- Remain confidential at all times.

The SAIR form will **NOT**:

- Result in an investigation. However, any person reporting a sexual assault to you should be encouraged to report the incident to the ODU Police Department. Whether or not the person chooses to report to ODU PD, this form should be completed.
- Be used to contact the victim/survivor.

Tips for helping a victim/survivor:

- Be supportive. Listen and let them know that what happened is not their fault.
- Be non-judgmental. Let them know that you are there to support them and provide resources.
- Encourage safety. Guide them to trained professionals that can help them with medical care, counseling, and other options.

Contacts and Services:

Other offices this incident has already been reported to: _____

Please check which of the following were discussed with the survivor:

- ☐ **ODU Police Department 757-683-4000**, for formal or informal reporting and investigation, as well as 24-hour emergency assistance.
- ☐ **Response Sexual Assault Support Services of the YWCA 757-622-4300, 5215 Colley Ave**, 24-hour hotline.
Free confidential services including counseling, support groups, court advocacy, and hospital accompaniment.
- ☐ **ODU Women's Center 757-683-4109**, S.A.F.E. Coordinator, for victim advocacy, campus and community referrals, resources and consideration of options.
- ☐ **ODU Student Health Services 757-683-3132**, medical care for sexual assault victims, not including evidence collection.
There is a 72-hour window for evidence collection and emergency contraception.
To talk to on-call Student Health Services practitioner after hours, call ODU Police Department at 757-683-4000.
- ☐ **ODU Counseling Services 757-683-4401**, Supportive counseling for sexual assault victims including assessment and referral.
- ☐ **Sentara Norfolk General Hospital 757-388-3551 or 911**, for medical assistance and evidence collection, students should go to Norfolk General where a Sexual Assault Nurse Examiner (S.A.N.E.) is on call 24/7. Regardless of where the incident occurred, students can go to Norfolk General for a Physical Evidence Recovery Kit (P.E.R.K.) exam.
- ☐ **ODU Office of Student Conduct and Academic Integrity 757-683-3431**, to file a student conduct complaint.
- ☐ **If active duty military**, specially trained advocates are available. Contact Michelle Dilday, 757-683-5577, to obtain information about advocates within your branch of service.
- ☐ **Immediate need for safety and/or support**, inform the victim/survivor of professional services mentioned above as well as brainstorming what informal support, such as friends/family, may be available.

All services will be kept confidential

Reporter's name: _____ Dept. /Office: _____ Phone: _____

Date of Report: _____ Date of Incident: _____ Time of Incident: _____ a.m. /p.m.

Location of Incident:

- | | | |
|--|---|---------------------------------------|
| ☐ On-campus/Residential | ☐ Off-campus/Residential | ☐ Unknown |
| ☐ On-campus/Non-residential | ☐ Off-campus/Non-residential | ☐ Other: _____ |

Please return this SAIR Form to: S.A.F.E Coordinator, Women's Center, 1000 Webb Center

Revised 07/2010

Victim/ Survivor information:

Name: _____ Age: _____ Phone: _____

Sex:

- ☐ Male
☐ Female
☐ Transgender

ODU Affiliation:

- Undergraduate Student
Class:
☐ Freshman
☐ Sophomore
☐ Junior
☐ Senior
☐ Graduate Student
☐ Faculty/Staff
☐ International Student
☐ No ODU Affiliation

Residence:

- ☐ Residence Hall
Name: _____
☐ Off Campus Housing
Address: _____

☐ Unknown
☐ Other: _____

Race/Ethnicity:

- ☐ American Indian or Alaskan Native
☐ Asian or Pacific Islander
☐ Black or African American
☐ Hispanic or Latino/a
☐ White or Caucasian
☐ Other: _____

Assailant Information:

Number of assailant(s): _____ Name of assailant(s), if known: _____ Age: _____

Sex:

- ☐ Male
☐ Female
☐ Transgender

ODU Affiliation:

- Undergraduate Student
Class:
☐ Freshman
☐ Sophomore
☐ Junior
☐ Senior
☐ Graduate Student
☐ Faculty/Staff
☐ International Student
☐ No ODU Affiliation

Residence:

- ☐ Residence Hall
Name: _____
☐ Off Campus Housing
Address: _____

☐ Unknown
☐ Other: _____

Race/Ethnicity:

- ☐ American Indian or Alaskan Native
☐ Asian or Pacific Islander
☐ Black or African American
☐ Hispanic or Latino/a
☐ White or Caucasian
☐ Other: _____

Alcohol/Other drugs used at the time of assault by:

(Reporting drug or alcohol use here will not result in any sanctions for the survivor or assailant)

- ☐ Victim/Survivor ☐ Assailant

Relationship between victim/survivor and assailant prior to assault:

- | | | |
|--|---|---|
| ☐ Partner or lover | ☐ Colleague or co-worker | ☐ Friend |
| ☐ Ex-partner, ex-spouse, ex-lover | ☐ Work supervisor | ☐ Met same day, socially |
| ☐ Spouse | ☐ Faculty member | ☐ Met same day, non-socially |
| ☐ Family member | ☐ Acquaintance | ☐ Stranger |

Type of coercion or force involved (check all that apply):

- ☐ Verbal pressure, arguments, or disregarding victim/survivor's stated lack of consent
☐ Position of authority (teacher, supervisor, boss, etc.)
☐ Threat of physical force (threat to hit, hold down, or otherwise injure)
☐ Other type of threat (threat to cause some other type of harm to a person or property)
Please specify: _____
☐ Physical force (hit, held down, twisted arm, hurt, etc.)
☐ Victim/Survivor's ability to consent was inhibited by:
☐ Alcohol ☐ Disability ☐ Other: _____
☐ Date rape drug ☐ Other Drugs

Type of incident (check all that apply):

Forcible is defined here as any sexual act directed against another person, forcibly and/or against that persons will; or not forcibly or against the persons will where the victim is incapable of giving consent.

- | | | |
|---|---|--|
| ☐ Forcible Rape
<i>Sexual intercourse against one's will or where the victim is incapable of giving consent</i> | ☐ Sexual Assault with an Object
<i>Sexual penetration with an object including finger</i> | ☐ Stalking
<i>Including cyber stalking</i> |
| ☐ Forcible Sodomy
<i>Oral or anal sexual intercourse</i> | ☐ Forcible Fondling
<i>Touching of private body parts</i> | ☐ Sexual Harassment |
| | | ☐ Relationship/Dating Violence |
| | | ☐ Other, please specify: _____ |