



Sexual Assault Incident Reporting Form for Residence Life

Instructions: Please complete this form with a Professional Staff Member to submit to the Assistant Director of Residence Life.

Date of Incident:

Time of Incident:

Location:

Reported To:

Name:

Title:

Email:

Phone:

Involved Persons:

Student Name:

Student ID:

Email:

Phone:

Description of Incident: Please provide as much detail as possible while documenting the specifics of the assault. If you do not have the information please note if the student declined to provide the information or if it was unknown.

Date & Time of Incident:

Location (was it on or off campus?):

Is the alleged assailant a CNU Student?:

Alleged assailant's name and relationship to student:

Narrative description of incident:

Signatures: (Please sign and print your name)

Resident Assistant:

Date:

Professional Staff:

Date: