**RECORD FORM**

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| **PURPOSE**  This record is an optional, timestamped tool. There are many reasons you might choose to use this form. You might prefer to keep a record of what happened to use as evidence in the future, or because you are ready to take action now. You might want to record what happened as a way to process it, or because it may feel less difficult to share a written document than recount your story verbally. You might also choose to use this form because you want to help protect yourself from any possible allegations of false accusations. What you do with this form is up to you. You can keep it for yourself, show this record to police, send it to Title IX, or provide it to your therapist, an attorney, or another provider. |

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| **WHO CAN SEE THIS & WHAT TO WRITE**  If there is legal action related to your assault, the prosecutor, the perpetrator, and others involved in an investigation might be able to read what you write here by legally compelling you, the people you shared this form with, or anyone else with access to this form to provide it. If that happens, any inconsistencies between what you write down here and later say is true might be used against you. *Only* write down what you are certain of and okay sharing if they are able to read this later. If you are uncomfortable answering any part of this form, skip it. Leave as many questions as you’d like blank. You may choose to just save a blank form and keep it as a guide for what you might be asked in the future, if you choose to report. How you use this record is up to you. Callisto will not have access to this form. |

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| **SAVE & PROTECT THIS FORM FROM HACKING**   1. After entering your information, *save this form as a PDF* 2. Save the PDF to a new USB device, and delete any copies from your computer 3. Password protect the PDF form    * Mac: In the Preview app on your Mac, open the PDF you want to password-protect. Choose File > Export, then select Encrypt. Type a password, then retype it to verify the password.    * Windows: Open the Office document. Click the File menu, select the Info tab. Select Protect Document button. Click Encrypt with Password. Enter your password. Click OK.    * Adobe Acrobat: Open the PDF and select Tools > Protect > Encrypt > Encrypt with Password. Click Yes to change the security. Select Require a Password to Open the Document. Type the password. 4. Keep the USB storage device in a place only you can access   *Note: These precautions do not change the legal risks described above. They do, however, allow you to better protect this document from being hacked or stolen.* |

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| **DOCUMENTING WHAT HAPPENED**  **WHEN**  **What year did this happen?**  [ ] This year  [ ] Last year  [ ] A different year \_\_\_\_\_\_\_\_  **What season was it?**  [ ] Spring  [ ] Summer  [ ] Fall  **Do you know the exact date?**  [ ] Yes. It is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  [ ] I’m not sure  *If less than 5 days have passed, you may be able to get a forensic exam (also known as a rape kit) to collect potential physical evidence.*    **What time of day was it?**  [ ] Morning  [ ] Afternoon  [ ] Evening  [ ] Late Night (after 10 pm)  [ ] I know the exact time. It was \_\_\_\_\_\_\_\_  **Is there anything else you remember about the date?**  *Examples: holidays, day of the week, games, school or social events around that time, etc.* |

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| **WHERE**  **Where did it happen?**  [ ] On Campus  [ ] Off Campus, locally (local bar, local housing complex, etc)  [ ] Away from school (out of city/state/country)  [ ] I’m not sure  [ ] I’d rather not say  [ ] Other \_\_\_\_\_\_\_\_\_\_\_\_  **Are there any other details you remember about the location?**  *Examples: exact address, area of campus, intersection, building number, neighborhood, buildings or trees nearby, colors you remember, etc.* |

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| **PEOPLE WHO KNOW OR MIGHT KNOW**  **Did anyone else see or hear either all or any part of what happened?**  [ ] Yes  [ ] No  [ ] I’m not sure  **Did you interact with anyone right before or after the incident?**  *This could be people who were at the scene of the incident or nearby, who saw you or the perpetrator leave, or who helped you call for help.*  [ ] Yes  [ ] No  [ ] I’m not sure  **What information do you know about any of the people described above?**  *Examples: how many people, what they saw or heard, their relationship to you, where they may have been standing or sitting, how physically close to you they were.*  **Did you tell anyone about the incident?**  [ ] Yes  [ ] No  **What information do you know about the people you told?**  *Who you told, what you told them, when you told them, how you told them (on the phone, in person, over text, etc), their relationship to you or the perpetrator, etc.*  **Do you know if the perpetrator told anyone about the incident?**  [ ] Yes  [ ] No  [ ] I’m not sure |

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| **CONSENT**  Nonconsensual sexual contact is never okay. Just because you didn’t say no, doesn’t mean you gave consent. You can consent to one thing without consenting to another thing, and you can withdraw consent at any time.  **What happened to me was not okay because:**  *Check any that apply. Like all questions, it is okay to leave this question blank, especially if you are still processing what happened. Leaving this question blank does not mean that what happened to you was not wrong.*  [ ] I was not asked whether I wanted to do it  [ ] I did not say “yes” (or a word that means “yes”) verbally to the sexual interaction at all  [ ] I did not say “yes” (or a word that means “yes”) verbally to the particular type of sexual contact  [ ] I was not able to react when it started happening (because it happened quickly, or I was in shock, or I was confused about what was going on)  [ ] I gave non verbal cues that I didn’t want it (this could include a distressed look, a push, a shaking of the head, etc.)  [ ] I said no (or a word that means “no”) to a part of it  [ ] I didn’t want it (or at least some part of it)  [ ] I was not able to consent (examples: under 18, asleep, intoxicated)  [ ] I don’t really remember what happened, potentially because I was too intoxicated or experienced head trauma, which is a sign that I couldn’t or didn’t consent  [ ] I was coerced or pressured (examples: repeatedly pestered over and over/or, asked by someone who is in a position of power over me)  [ ] I was afraid for my safety  [ ] I was afraid of other consequences if I didn’t say yes (getting a bad grade, being shunned, being shamed, being taunted, etc.)  [ ] Other |

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| **INCIDENT(S)**  We are so sorry this has happened to you and want to make this process as comfortable as possible. Take a moment if you need it or skip this part and return later to finish. *We recommend waiting at least 48 hours after experiencing unwanted sexual contact or an assault before writing it down.*  After filling this form out, you may remember additional facts or information. Save any new information on a separate encrypted PDF form, following instructions on page 1.  **What happened?**  *Include anything you are able to remember around what you felt, saw, heard, smelled, tasted, or anything you can’t forget about your experience or experiences with the perpetrator(s).* |

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| **PERPETRATOR(S)**  **How many perpetrators were there?**  *It’s okay if you are not sure, just put what you can remember.*  **What is their name/What are their names? (if known)**  **Do you know any other information about the perpetrator(s)?**  *Examples: cell phone number, what job they have, if you’ve seen them before, how you know them, any physical characteristics (hair color, identifiable marks, tattoos, clothing, moles or birthmarks), or anything you could not forget about them.*  **Was the perpetrator with anyone else either at the time of the incident, or directly before or after?**  [ ] Yes  [ ] No  [ ] I’m not sure  **What information do you know about these people?** |

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| **EVIDENCE**  If you choose to report what happened to your school, the police, the press, or in a lawsuit, they may ask you for electronic and/or physical evidence of what happened. If you don't have these things, it doesn't mean that what happened is any less real.  **Electronic Evidence Includes:**   * Emails, Photos, Videos * Text messages * Screenshots * Social media interactions (Twitter, Facebook, Snapchat, Instagram, etc.)   **Preserving Electronic Evidence:**   * Save copies of electronic evidence on a USB drive that only you have access to, including screenshots of any relevant electronic communication or interaction. * Don’t delete any messages, even if you have a screenshot. * Take screenshots in a way that they show the flow of the conversation (repeating the last line on the top of the next screen shot).   **Physical Evidence Includes:**   * Clothing * Bedsheets * Condoms * Any evidence collected as part of forensic exam (“rape kit”)   **Preserving Physical Evidence:**   * Place each item of potential physical evidence in its own paper bag (plastic bags can eliminate DNA) and store someplace only you can access (i.e. out of common spaces, away from roommates)   **What types of evidence do you have now (or think might exist)?** |