

Survivor Connections, Inc.

The True Memory FoundationTM

52 Lyndon Rd. Cranston, RI 02905-1121 Phone 401.941.2548

REPORTING FORM ABOUT SEXUAL ASSAULT PERPETRATOR TO SURVIVOR CONNECTIONS

NOTE: Information is kept confidential. NOTE: Use additional copies as needed.

Please also report the crime(s) to the police, and any other appropriate authorities, not just us!

CHECKMARK IF YOU ARE THE SURVIVOR. WRITE IN THE SPACE AFTER IF NOT.

I am the victim/survivor ____ . No, I am a _____ (parent, therapist, police, friend) making this report.

How to Contact You, if you are **not** the victim/survivor. _____

name _____ address _____ ph _____

YOUR INFORMATION (IF YOU ARE THE VICTIM/SURVIVOR YOURSELF)

name: first _____ middle _____ last _____

address: St or PO _____

city _____ state/province _____

zip/postal code _____ country _____

home phone _____ work phone _____ [optional]

email _____ [optional]

YOU, the victim/survivor, are male ____ female ____

PERPETRATOR INFORMATION [whatever of this you've got!]

name: first _____ middle _____ last _____

Aliases or alternate names _____

Perp's LAST KNOWN INFORMATION Date of information below _____

address: St or PO, etc. _____

city _____ state/province _____

zip/postal code _____ country _____ home phone _____

work phone _____ email _____

Perp's LOCATIONS OF CRIMES AGAINST YOU [the victim/survivor]

1. place _____

address: St or other _____

city _____ state/province _____

zip/postal code _____ country _____

2. place _____

address: St or other _____

city _____ state/province _____

zip/postal code _____ country _____

3. place _____

address: St or other _____

city _____ state/province _____

zip/postal code _____ country _____

CRIME INFORMATION

date(s) (years are okay) 1. _____ 2. _____ 3. _____

your age at these times 1. _____ 2. _____ 3. _____

RELATION OF PERP TO YOU, & ETC.

(examples - cousin, coach, stepmother, neighbor, parish priest) _____

Perp is/was male ___ female ___ social security number _____

date of birth _____ driver's license number _____

perp is - alive ___ dead ___ unknown which ___

date of death _____ place of death _____

PERP STATUS: prison now or before ___ sued perp and won ___ lost ___ at large ___

IF PERP WAS CLERGY

clergyperson title _____ date of ordination _____ place of ordin. _____

denomination _____ clergy order or diocese or affiliation _____

church/synagogue/mosque name _____

place of worship's address _____

city _____ state/province _____

zip/postal code _____ country _____