IMPORTANT INFORMATION - Reporting a sexual assault to the New South Wales Police Force

The New South Wales Police Force (NSWPF) provides two ways for victims to report a sexual assault. The first and preferred method is to contact your nearest Police Station and make a formal complaint. A Police Officer will obtain a version of the offence in the form of a statement and arrange medical/counselling support. This may lead to a criminal investigation.

The second option, if you decide not to formally report, is to complete this sexual assault questionnaire. You can neatly handwrite or type into the questionnaire and mail or email it to the Child Abuse and Sex Crimes Squad, State Crime Command (refer contact details below). You can choose to provide your details or report anonymously.

It is important to note that with the second option you are not making a formal complaint to police to initiate a criminal investigation. By completing this questionnaire, the information gathered may be used to help police develop strategies which target offenders and protect the community and reduce repeat offending. It may also be used to assist in other prosecutions against offenders. Please note that providing answers to any of the questions is optional.

The details you provide on this questionnaire will be recorded on a secure and restricted NSWPF data base. Your completed questionnaire will then be kept securely at the office of the Child Abuse and Sex Crimes Squad.

Again, if at any stage, you wish to make a formal complaint you can by contacting your nearest Police Station.

If this report relates to a child or young person under the age of 18 years old, the NSWPF, as mandatory reporters, must notify Community Services through the Child Protection Helpline. A mandatory reporter is a body or organisation that is required to report all risks of significant harm to children in NSW to Community Services.

We understand that completing this questionnaire may be difficult for you as you are being asked to remember, in some detail, what happened. If you are seeing a counsellor, it may be useful to talk with them before filling it in so you can prepare a few helpful strategies.

When you are planning to complete the questionnaire, try and do it in a place where you feel safe and have some privacy. If you would like to make contact with a counsellor, or any other form of support call the Victims Access Line on 1800 633 063 or Rape Crisis on 1800 424 017. A trained counsellor can discuss your needs and refer you to someone who can help.

At the end of this questionnaire, there is a list of victim support and sexual assault support agencies that you may wish to contact.
SEXUAL ASSAULT REPORTING OPTIONS (SARO)
SEXUAL ASSAULT QUESTIONNAIRE

NSWPF reference #

E

Reporting Agency Name and reference number (if applicable)

YOUR DETAILS

01 Name (optional)

02 Gender: Male Female Other (describe)

03 Any other names you may be known by (optional)

04 Date of Birth

   dd/mm/yyyy

   Age

   Years

   Describe your Racial Appearance

05 Your residential address at time of offence (optional)

06 Your current residential address (optional)

07 Are you willing for police to contact you if required?

   YES ☐  NO ☐

   If Yes, please record your contact numbers and/or email below at question 8.

08 How would you like to be contacted?

   Phone

   Mobile

   Email

   Friend

   Relative

   Support Service

Please include any special instructions (e.g. call after hours, or email contact only etc.)
Please provide as much information as you can accurately remember. If you cannot recall or answer a question, go to the next one.

### DATE & TIME OF THE OFFENCE

<table>
<thead>
<tr>
<th>Step</th>
<th>Question</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>09</td>
<td>When did this assault happen?</td>
<td>Daylight, Darkness, Unknown</td>
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<tr>
<td></td>
<td>Did the assault occur within 72 hours (3 days)?</td>
<td>Yes, No, Between dd/mm/yyyy and 00:00 (24hrs)</td>
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### DETAILS OF THE OFFENCE

<table>
<thead>
<tr>
<th>Step</th>
<th>Question</th>
<th>Details</th>
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<tbody>
<tr>
<td>10</td>
<td>Did you know the offender?</td>
<td>Yes, No</td>
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<td></td>
<td>If Yes, how and for how long</td>
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<tr>
<td>11</td>
<td>How did you first meet the offender/s?</td>
<td></td>
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<td></td>
<td>Please explain</td>
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<td>12</td>
<td>Did you communicate with the offender/s online?</td>
<td>Yes, No</td>
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<td>(e.g. social networking site, online dating, etc.)</td>
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<td></td>
<td>If yes, provide details including, Dating Application, Account/handle name, email address; chat room name of offender if known etc.</td>
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<tr>
<td>13</td>
<td>Where did you first meet the offender on the day of the offence/incident?</td>
<td>(e.g. address, business, location)</td>
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<tr>
<td>14</td>
<td>Where did the assault/incident take place?</td>
<td>Licensed Premises (provide details)</td>
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<td>(e.g. address)</td>
<td>Private Residence (provide details)</td>
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<tr>
<td></td>
<td>Other (provide details)</td>
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<tr>
<td>15</td>
<td>Where did the assault/incident end?</td>
<td>As per 14 above Other</td>
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<tr>
<td></td>
<td>(e.g. address, business, location)</td>
<td>(provide details)</td>
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</table>
DETAILS OF OFFENCE

16 How did the offender assault you?
(Select ALL that apply)

- Vaginal Intercourse
- Anal Intercourse
- Masturbation
- Cunnilingus (licked vagina)
- Anilingus (licked anus)
- Digital (finger) penetration
- Fellatio (oral sex on a male)
- Simulated intercourse
- Fondling/touching
- Kissing
- Foreign object insertion
- Hand/fist insertion
- Stabbing
- Suffocation
- Whipping
- Beating
- Slapping
- Kicking
- Choking
- Pinching
- Hair pulling
- Verbal abuse
- Cutting
- Strangulation
- Shooting
- Burning (describe)
- Biting (describe)
- Torture (describe)
- Physical injuries (describe)
- Other (describe)

17 Did the offender ejaculate?
YES ☐ NO ☐ UNKNOWN ☐
If yes, (specify where)

18 Did you attend a hospital or consult a Doctor as a result of your injuries?
YES ☐ NO ☐
If yes, (please provide details below – optional)
SUMMARY OF INCIDENT

Please describe in sequence and detail what happened on the day of the offence. Including, but not limited to:
- How you met the offender.
- What happened before the assault?
- What happened during the assault?
- What you both did and said.

- If your clothing was moved/removed, how did this happen.
- Were weapons involved or threatened? If so, please describe.

This section is a very important summary of how the assault happened. Please provide as much detail as you can remember.
### OFFENDER DETAILS

If more than 1 offender is involved, please repeat pages 7-10 for each additional offender

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<tr>
<td><strong>20</strong></td>
<td><strong>How many offenders were involved?</strong></td>
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This is offender number 1 of offender(s) involved in this incident (repeat offender details as outlined above).

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<tr>
<td><strong>21</strong></td>
<td><strong>Name of offender? (If known)</strong></td>
</tr>
<tr>
<td>Surname</td>
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<tr>
<td>Given Name(s)</td>
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<tr>
<td><strong>22</strong></td>
<td><strong>Alias(es) (Nicknames, names used etc.)</strong></td>
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<tr>
<td><strong>23</strong></td>
<td><strong>Gender: Male Female Unknown</strong></td>
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<tr>
<td><strong>24</strong></td>
<td><strong>Date of Birth</strong></td>
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**OR**

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<tr>
<td><strong>24</strong></td>
<td><strong>Age (or best estimate)</strong></td>
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<tbody>
<tr>
<td><strong>25</strong></td>
<td><strong>Place of Birth</strong></td>
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<tr>
<td><strong>26</strong></td>
<td><strong>Offender’s residential address at time of offence (if known)</strong></td>
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<td><strong>27</strong></td>
<td><strong>Did the offender say their age?</strong></td>
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<tr>
<td>YES</td>
<td>NO</td>
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If yes what age?

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<tbody>
<tr>
<td><strong>28</strong></td>
<td><strong>Offender’s current residential address (if known)</strong></td>
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<tr>
<td><strong>29</strong></td>
<td><strong>Offender’s contact number/s (if known)</strong></td>
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<tr>
<td>Unknown</td>
<td></td>
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<tr>
<td>Phone</td>
<td></td>
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<tr>
<td>Mobile</td>
<td></td>
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<tr>
<td>Email</td>
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<tr>
<td>Friend</td>
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<tr>
<td>Relative</td>
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<tr>
<td>Other</td>
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The following questions relate to the offender’s description at the time of the assault

### OFFENDER IDENTIFICATION

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<tr>
<td><strong>30</strong></td>
<td><strong>What complexion was the offender?</strong></td>
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<tr>
<td>Dark</td>
<td>Light</td>
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<tr>
<td>Other (describe)</td>
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</table>
31 What was the racial appearance of the offender?
- Caucasian
- Aboriginal/Torres Strait Islander
- African
- Asian
- Indian Sub-Continent
- South American
- Mediterranean
- Pacific Islander/Maori
- Middle Eastern
- Other (describe)

32 Did the offender speak a language other than English, have an accent or a speech impediment (e.g. stutter)?
- YES
- NO
If yes, please describe

33 How tall was the offender?

34 What was their build?
- Small/Thin
- Medium/Average
- Large/Solid
- Obese

35 What was their weight?

36 Describe the offender’s hair including length, colour/shade?
- Length
- Colour
- Describe

37 What colour eyes did the offender have?

38 Did the offender wear glasses (including sunglasses)?
- YES
- NO
If yes, please describe

39 Did the offender’s teeth appear unusual? (gaps, missing, chipped etc.)?
- YES
- NO
- UNKNOWN
If yes, please describe

40 What was the offender wearing at the time of the assault?
41. Did the offender have any scars, marks, deformities, piercing or tattoos?
   YES ☐ NO ☐ UNKNOWN ☐
   (If yes, please describe)

42. Did the offender have unique physical features such as crossed eyes, noticeable limp, physical deformity, distinctive hairstyle, etc.
   YES ☐ NO ☐ UNKNOWN ☐
   (If yes, give details)

43. Did the offender smell of anything?
   YES ☐ NO ☐
   (If yes, please describe)

44. Do you know the offender’s current occupation or how they earn money (legal or illegal)?
   YES ☐ NO ☐
   (If yes, please describe)

45. How did the offender travel at the time of the offence (walk, drive etc.)?

46. Was there a vehicle(s) involved during this assault?
   YES ☐ NO ☐
   (If yes, please describe)

47. Did anyone see what happened to you?
   YES ☐ NO ☐ UNKNOWN ☐

48. Do you know the name/s of the witness/es?
   YES ☐ NO ☐
   (If yes, can you provide their names - optional)
Did the offender take anything else away? (e.g., driver's licence, purse, personal belongings) YES ☐ NO ☐ UNKNOWN ☐

If yes, what?

Did the offender/s threaten you in any way?

YES ☐ NO ☐

If yes, please describe

Was the offender affected by drugs and/or alcohol prior to the assault?

YES ☐ NO ☐

If yes, please describe

Is there any further information you wish to provide regarding the offender?
It is important to understand that the completion of this questionnaire does not constitute a formal complaint to the NSWPF. If at any point you decide that you want to make a formal complaint you can do so by contacting your nearest Police Station.

I understand that this questionnaire does **NOT** constitute a formal complaint to police

**YES** ☐ **NO** ☐

Please take the time to check the information you have supplied in the questionnaire to ensure it is complete and accurate.

Signed: (Optional)

........................................................................................................................................

Date questionnaire completed:

........................................................................................................................................

Name

........................................................................................................................................

Address

........................................................................................................................................

Phone Number

........................................................................................................................................

Email Address

........................................................................................................................................

Was this questionnaire completed in the presence of the victim?

**YES** ☐ **NO** ☐

Relationship to victim (i.e.: friend, volunteer, relative, counsellor)

........................................................................................................................................

Signed: .................................................................................................................................
Victim and Sexual Assault Support Services

- NSW Rape Crisis Centre 1800 424 017 - www.nswrapecrisis.com.au
  - Bravehearts on 1800 272 831 or www.bravehearts.org.au

  - Victims Support Line (Victims Access Line 1800 633 063)
  - Aboriginal Contact Line 1800 019 123

- Helping Victims of Sexual Assault: www.sexualassault.nsw.gov.au

- Sexual Assault Services
  - Contact via your local hospital or go to www.health.nsw.gov.au/services

- Child Sexual Assault Counselling and support services
  - CASAC (Child & Adolescent Sexual Assault Counsellors) on (02) 9601 3790 or www.casac.org.au
  - Kids Helpline 1800 551800

- Victims Register
  - Department of Corrective Services Victims Register: (02) 9289 1374
  - Department of Juvenile Justice Victims Register: (02) 9219 9400
  - NSW Health Forensic Patients Victims Register: (02) 9391 9302

- Indigenous Women’s Legal Contact Line 1800 639 784

- Wirringa Baiya Aboriginal Women’s Legal Centre 1800 686 587

- Women’s Legal Services NSW
  - Contact Line 1800 801 501
  - Telephone Interpreter Service 13 14 50

- Immigrant Women’s Speakout 9635 8022 - www.speakout.org.au

- Criminal Justice Support Network 1300 665 908 (for people with an intellectual disability)