



ANONYMOUS Reporting Patients Only

Law enforcement does not receive a copy of this form.

COLORADO SEXUAL ASSAULT ANONYMOUS REPORT CONSENT and INFORMATION FORM

Anonymous Reporting is ONLY an option for patients who are 18 to 69 years old. Mandatory reporting laws prevent minors under 18 and adults 70 years and older from anonymously reporting a sexual assault.

- ▶ **You have the right to have this form explained and all of your questions answered. Please initial and sign where appropriate. You will receive a copy of this form after it is completed.**

| | |
|-------------------------|---|
| Law Enforcement Agency: | Case No: Unique Identifying Number (if different than case number): |
| Officer Name: | Phone No: |

Medical Forensic Exam

- ▶ _____ **I consent to a medical forensic exam.** I understand I can stop the exam at any time and can decline any portion of the exam or collection of any sample.

Reporting Decision (both must be initialed by patient)

- ▶ _____ **At this time, I am choosing to make an anonymous report.** I understand I will have evidence collected that will be stored anonymously at a law enforcement agency. I understand that law enforcement will not be given my name or other identifying information. I understand I can change my mind and later report to law enforcement by providing the unique identifying number given to me.
- ▶ _____ I understand that the evidence **will NOT be submitted** to a forensic lab for analysis. I understand I can change my mind and possibly have the evidence analyzed, but must provide my name and contact information to law enforcement. I understand law enforcement is only required to hold the evidence for a minimum of 2 years.

Printed Patient Name _____ Patient Signature _____ Date _____

Printed Witness Name/Title _____ Witness Signature _____ Date _____