

## **Confirmation of Transfer of Sexual Assault Report to Law Enforcement Agency Having Jurisdiction**

**Within 24 hours** of receiving a sexual assault report of an incident in your jurisdiction from another law enforcement agency, you must provide that agency with the following information.

### **Law Enforcement Agency That Received the Initial Sexual Assault Report**

**Initial Agency Name:** \_\_\_\_\_ **Case Number:** \_\_\_\_\_

**Initial Agency Contact Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Date Transferred:** \_\_\_\_\_ **Time Transferred:** \_\_\_\_\_

### **Confirmation of Receipt of Sexual Assault Report to be completed by Law Enforcement Agency with Jurisdiction Receiving Report**

**Agency with Jurisdiction Name:** \_\_\_\_\_ **Case Number:** \_\_\_\_\_

**Name of Person Receiving Report:** \_\_\_\_\_

**Title of Person Receiving Report:** \_\_\_\_\_

**Date Received:** \_\_\_\_\_ **Time Received:** \_\_\_\_\_

### **Law Enforcement Agency Having Jurisdiction Contact Information to be Provided to Victim**

**Agency with Jurisdiction Name:** \_\_\_\_\_ **Case Number:** \_\_\_\_\_

**Name of Contact Person:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**This written confirmation shall be delivered in person or via fax or email to  
the law enforcement agency that received the initial report.**