

**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.**