



Queensland Police Service

Sexual Assault Alternative Reporting Option (ARO) Form

Mail to:

Policelink

Dandiri Contact Centre

GPO Box 1440, BRISBANE QLD 4001

Information

Please note that if this offending has occurred in the context of an intimate partner or family relationship, Police are legally required to investigate. If you are experiencing domestic violence or you are in immediate danger, please contact Police on Triple Zero '000'.

If you cannot remember or do not know the answer to a question, that is okay. You may remember details after you have completed a section of the form. You can go back and add these details before submitting the form. **If you have already submitted an ARO form, please complete another one and tick "yes" for the box that asks, 'Are you providing additional information relating to a previous ARO report?'.**

This form asks for details of the assault. If you need to, take a break, ask someone to help you, or access support by visiting www.qld.gov.au and searching 'sexual assault support'.

Fields marked with* must be completed.

Privacy notice

The information you provide is collected in accordance with the *Police Service Administration Act 1990* and will only be disclosed to another entity when required or authorised by law.

The QPS is committed to handling your personal information in accordance with the *Information Privacy Act 2009* and the Queensland Privacy Principles (QPPs).

Information about how the QPS manages personal information and the privacy complaint process is contained in the QPP Privacy Policy (accessible at www.police.qld.gov.au).

Are you making a mandatory report i.e., under the *Child Protection Act 1999*? * ☐ Yes ☐ No

If you selected 'yes' to the above question, please do not complete the rest of this form. Mandatory reports relating to sexual abuse are only to be made to police as per your organisation's policy (e.g. by phoning Policelink on 131 444 or using your organisation's online portal).

Did the assault you wish to report through Alternative Reporting Option (ARO) occur in Queensland? * ☐ Yes ☐ No

If you selected 'no' to the above question, please do not use this form to report an interstate assault. Information about how to report to other jurisdictions can be found on the QPS website 'Reporting Options' for sexual violence page.

Support services

There are a range of support services that are available throughout this process. You can still access these services if you report anonymously or choose not to report at all. Find these below or a full list on the Queensland Government website.

<u>Sexual Assault Helpline:</u>	dvconnect.org , or call 1800 010 120
<u>1800 RESPECT:</u>	1800respect.org.au , or call 1800 737 732
<u>Queensland Government Sexual Abuse and Assault:</u>	qld.gov.au and search 'sexual assault'
<u>WWILD Sexual Violence Prevention for Women with Disabilities:</u>	wwild.org.au , or call (07) 3843 1823 (this is a Brisbane based service)
<u>13YARN:</u>	for First Nations people: 13yarn.org.au , or call 13 92 76

Were you the victim of the sexual assault? *

- ☐ Yes - (If yes, please complete the section titled 'Victim details' below and then continue to Question 16)
- ☐ No - (If no, please complete both the 'Victim details' section and the 'your details' section below)

Victim details

Note: This section is for providing your details, so police know who has provided the information. Your details will be recorded for police intelligence only and we will only contact you if you give permission.

1.	Name:	
2.	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary/other <input type="checkbox"/> Prefer not to say	
3.	Nicknames/alias(es):(including other names you may use)	
4.	Date of birth:	Age: years
5.	Current residential address:	
6.	Would you be willing to speak to a member of the Queensland Police Service if required? * (If yes, please provide any special instructions e.g., call after hours only, by email only) <input type="checkbox"/> Yes <input type="checkbox"/> No	
7.	How can we contact you? <input type="checkbox"/> Phone: <input type="checkbox"/> Email: <input type="checkbox"/> Other:	
8.	Do you have any special contact requirements? (E.g. only by email, only during specific hours of the day)	

Your details

(Please complete if you are reporting on behalf of someone else –skip this section if you are the victim-survivor and have completed your details above)

Provide your details so Police know who has provided the information. Your details will be recorded for police intelligence only. Police will only contact you if you give permission.

Note: If you do not wish to provide these details, you can move past the page without providing these details.

9.	Name:
10.	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary/other <input type="checkbox"/> Prefer not to say
11.	Nicknames/alias(es): (including other names you may use)
12.	Date of Birth:
13.	Current residential address:
14.	Are you willing for police to contact you if required? * <input type="checkbox"/> Yes (If yes, please provide any special instructions e.g. call after hours only, by email only) <input type="checkbox"/> No
15.	How can we contact you? <input type="checkbox"/> Phone: <input type="checkbox"/> Friend/Relative <input type="checkbox"/> Email: <input type="checkbox"/> Support Service:
16.	Are you providing additional information relating to a previous report? * <input type="checkbox"/> No (please skip to Question 19) <input type="checkbox"/> Yes (please continue to next section)
17.	Please provide your previous reference number: If you do not know, or do not have your previous reference number, please provide as much detail as possible in the below text box so the reports can be linked. For example: Address/location description, when the initial report was made, the name of the offender.
18.	What new information would you like to provide?

Disclaimer

You can tell us as much information as you are comfortable providing to help us understand what happened. If you do not remember something, that is okay. Please do not try to guess or speculate. Remembering what happened may be distressing - it is okay to stop or take a break if you start to feel upset or want to seek support. Support services can be found on the **Queensland Government website (qld.gov.au)** and can be accessed even if you are completing this form anonymously. You may remember details as you go – take your time and submit the form whenever you are ready.

Summary of incident

19. Turn your mind to what happened. Think about*:

- **When it happened**
- **Where it happened**
- **The offender/s**
- **Details of the assault**
- **Any specific or distinctive actions of the offender**
- **Any violence or threats used, or anything the offender/s said**
- **Any alcohol or drugs involved to facilitate the offence**
- **Any medical attention you may have received**
- **If anyone witnessed or knew of the assault**

You may consider describing it in parts such as what happened before the assault, during the assault, and directly after the assault.

Note: If you are reporting on behalf of someone else, provide as much detail about what is known to you about the event.

If writing by hand, please attach paper with additional details if required.





Where did it happen?

20. Please provide the address where the sexual assault happened.
If you are unsure of the address, please add the suburb/town it occurred in.

21. Did the assault take place in multiple locations? ☐ Yes ☐ No

22. Please describe the location/s*:
(Describing the location could include what you could see, the layout of the location, e.g. private residence, school, business, public space, gym, licensed premises etc.)

When did it happen?

Note: It is okay if you can't remember exactly when the assault occurred. If you are unsure of the exact time/date of the sexual assault, please nominate an approximate time/date. If the assault/s have occurred over a period of time, please provide the approximate date that the first assault occurred.

23. To the best of your knowledge, when did this assault happen?
* Please use the format of DD/MM/YYYY

Offender details

Note: If you are reporting on behalf of someone else, provide as much detail about what is known about the offender

24. Did you know the offender? ☐ Yes, I know the offender
☐ No, I did not know the offender

25. How did you meet the offender/s and what is/was your relationship/association to the offender?

26. If you met the offender online, please specify how/on which website or app.

27. Do you still have contact with the offender? ☐ Yes, I still have contact with the offender/s
☐ No, I do not have contact with the offender/s

Offender details

28. If you chose 'yes,' when was the last approximate time/date you had contact with the offender?
29. What was the occupation of the offender at the time of the assault (if known)?
30. Please provide us a description of what the offender looked like at the time of the assault in as much detail as you can. This can include details like:
- **Height**
 - **Weight**
 - **Hair/eye/skin colour**
 - **Any specific features like tattoos**
- If you are reporting on behalf of someone else, provide as much detail as you know about the offender.
- Note: If there is more than one offender, please specify your answer clearly for each one.**
- If writing by hand, please attach paper with additional details if required.



Support services

There are a range of support services that are available throughout this process. You can still access these services if you report anonymously or choose not to report at all. Find these below or on the Queensland Government website.

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13YARN: for First Nations people: 13yarn.org.au, or call 13 92 76

Upon receipt of your report, police are able to refer you to a range of services if you are interested in receiving support. A QPS member can do this on your behalf. Would you like police to contact you regarding a referral to support services? *

Please note, for police to make a referral, you must provide some personal details. If you are choosing to report anonymously, you can access information about support services using the link above.

☐ Yes, I would like to be contacted regarding a support referral

☐ No, I do not want to be contacted regarding a support referral

Please note

I understand that completion of this form does **not** constitute a formal complaint to police.

☐ **Yes, I understand**

I wish to provide the information in this form to Queensland Police for the purposes of allowing gathering intelligence on offenders.

☐ **Yes, I would like police to have this information for intelligence purposes.**

Date form completed: / /

Would you like a confirmation email or SMS once your report has been processed? *

☐ Yes, I would like an email

☐ Yes, I would like an SMS

☐ No, I do not want an email or SMS

Mail to

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