Anonymous Report Form

Reporting Information

Date/Time: _____ STIMS #: _____

Assault Information

Date/Time: _____ Location: _____

Hospital Information

Name: _____

Street Address: _____ State: _____

City: _____ Zip: _____

Name of Person completing form: _____

Patient Information

Last Name: _____ Street Address: _____

First Name: _____ City: _____

Middle Int: _____ State: _____

Race/Ethnicity: _____ Zip: _____

Sex: _____

DOB: _____ Age: _____

Kit Contents

Kit ☐ Urine ☐ Blood ☐ Clothing ☐ Other ☐ _____ Requires Refrigeration ☐

(explain)

SANE Nurse/ Physician's observation of physical appearance

SANE Nurse/ Physicians' observation of emotional state:

Patient Statement (Is there anything else you would like to add?):

Anonymous Patient's Signature

919-324-6227 (office)
LessDNAEvidence@ncdps.gov (email)
Law Enforcement Support Services | NC DPS (site)

3040 Hammond Business Place Suite 111 Raleigh, NC 27603
(mailing)