

CRIME STATISTICS REPORTING DATA FORM

This form is solely for the purpose of collecting data for statistical reporting required by the Crime Awareness and Campus Security Act, as amended by the Higher Education Amendments of 1998.

A. NAME AND TITLE OF PERSON COMPLETING FORM

This form is to be completed by University officials with significant responsibility for student and campus activities.

Department/Office: _____
Phone Number: _____
Email Address: _____
Signature: _____
Date: _____

B. NAME AND TITLE OF PERSON TO WHOM INCIDENT WAS REPORTED

C. Date and time incident occurred

D. Date and time incident was reported

E. Location of incident (*Name of building, if applicable, street address and room number. NOTE: Room/apartment number may be omitted when the incident reported is of a sensitive nature, and providing this information would jeopardize confidentiality.*)

F. Description of incident

(Do not include information that may reveal identities of involved parties.)

G. Please answer the following questions about the incident:

Was a weapon involved? _____
If so, please specify type: _____

Were there any injuries sustained? _____
If so, please describe: _____

Is there evidence that the offense was motivated by bias? (If so, please explain in detail the type and nature of the bias.)

H. University Affiliation (e.g., faculty, staff, student, visitor, alumni, etc.)

Victim/Survivor Information _____

Alleged Offender Information _____

I. RESOLUTION OF INCIDENT/ACTION TAKEN (IF ANY)

Has the incident been reported to any law enforcement official? If Yes, to whom and when?
