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?
_____________________________________________________________________________________

_____________________________________________________________________________________