## **COLLEGE INCIDENT REPORT FORM**

The College has an expectation that students and employees will share information they receive about campus crime. This form is intended to convey information needed to track the College's response to campus incidents being reported, as well as to assess the danger the incident represents to the community at large. Annual statistical information will be based on this report, as will the need to make timely warnings to the community, for the protection of those who may be at risk.

**Instructions:** Fill in all fields that apply. Report only one incident per form. Take more space than is given on this form, as necessary, to complete the descriptions.

You are to return this form to you're the Title IX Coordinator, your supervisor, or campus safety within 24 hours of becoming aware of any report.

Your name:	Position/Dept.:_			
Phone:	E-mail:			
Reported to you b	y: (circle one) victin	n witness	third-party	anonymous
Date of Report:	Date of in	cident:	_ Time of incide	ent:
Where did the incic	lent occur?			
If you wish to avoid	l specifics, circle one o	of the following:		
On Campus	Residence Hall	Public Property	Off-campus	Other
(Please see description	ons of these four catego	ries on reverse of thi	s page, for proper	classification)
Please described th	e incident in as much	detail as possible		
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Do you have reason to believe this incident represents a present threat of harm or danger to
the victim or other member(s) of the community? Yes $\Box$ No $\Box$ If yes, why:
Was a weapon involved? Yes No
Number of assailants/perpetrators:
If a single assailant/perpetrator describe:
Gender: Race: Age: Height: Weight:
Role of assailant perpetrator (s) on campus:
Student Faculty Staff No campus role Unknown
Name of alleged assailant(s):*
Was there any evidence that this incident was motivated by the victim's (circle all that apply):
Race Ethnicity Age Gender Sexual orientation Religion
Other departments or individuals to whom the victim/reporter has reported this incident
Name of reporting victim *
Names and contact information for any relevant witnesses
* Any field denoted with an asterisk is a field that may be left blank by you if you intend for this

report not to serve as actual notice to the college of harassment, discrimination, sexual assault or other civil rights violation for which notice will trigger an obligatory investigation by the college. Some employees are required to complete this form in full, while others may withhold from the fields designated with a \*, depending on your role. Training has been provided on what you are required to report, but if you are unsure, please consult with your supervisor or the Title IX Coordinator.