

CONFIDENTIAL

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Control #:

Campus Security Authority/Complainant

Are you a: Student Employee Title/Department Volunteer Other

As a Campus Security Authority, Please provide the information listed below:

First Last Street Address City State ZIP Code Office Phone Cell Phone Home Phone Work Email Personal / Private Email

Time of Crime / Incident

Date/Time Reported to C.S.A. Date/Time Crime/Incident Occurred

Location of Crime / Incident (mark all that apply) On Campus Residence Hall Off-Campus

State the name of the Location above (i.e. Levermore Hall Rm/Lobby/Stairwell/etc.; Address (i.e. street address))

Victim Information

Sex: Male Female

Victim is a: Student Employee Alumnus Visitor Vendor Other-Specify

First Last Office Phone Cell Phone Home Phone Work Email Personal / Private Email

Provide victim with reporting/Support Services Pamphlet?

Yes Day / Date / Time No Why?

Person of Interest (P.O.I.) Information

P.O.I. is a: Student Employee Alumnus Visitor Vendor Other-Specify

First

Last

Street Address

City

State

ZIP Code

Office Phone

Cell Phone

Home Phone

Email

Sex: Male
 Female

Race

Date of Birth

Age

Height

Weight

Eye Color

Hair Color

Hair Length/Facial Hair

Additional P.O.I Information:

Description: DO NOT INVESTIGATE.

Providing details is essential to investigating the incident. Please be clear, accurate, & concise in the details that you provide. You may supplement this description later if you wish to share additional details.

Upon completion of this report, immediately notify the Department of Public Safety and hand this report to the responding Public Safety Officer.

(516) 877.3507 / (516) 877.3511 / Dial "5" from any campus phone

This report is Confidential, is not to be duplicated or handed to anyone but the Department of Public Safety

This report is not to be discussed with anyone besides the Investigator.