Clery Incident Reporting Form

If you observe any crime listed below in Sections I or II, or if any person reveals to you that he/she learned of or was a victim of, perpetrator of, or witness to any crime listed below, immediately complete this form and return to the attention of Director of Public Safety. Incidents must be reported to Campus Police as they occur.

Complete both sections below. Print the Name, Department and Extension of person submitting the information in the space provided and sign at the bottom:

Print Name: ____________________ Department: ____________________ Ext.: _______

SECTION I: Sexual Assault Statistics – If a sex offense, either forcible or non-forcible, has been reported to you, which allegedly occurred on campus during this calendar year, please provide the date/time of incident, nature of complaint and location. Write “N/A” if not applicable.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

SECTION II: Crime Statistics – Crimes include a murder, non-negligent manslaughter, negligent manslaughter, robbery, aggravated assault, burglary, motor vehicle theft, arson, liquor violations and/or illegal weapons possession. If you are aware of the occurrence of any such crimes during this calendar year, please provide the date/time of incident, nature of complaint and location. Write “N/A” if not applicable.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Signature: _____________________________________________ Date: ____________________________