Campus Security Authority Crime Report Form

☐ Anonymity  ☐ Possible Clery  ☐ Law Enforcement Clery Determination

Campus Security Authority (CSA) Completing Form: ________________________________

CSA Phone Number: ___________________________ CSA Email: _______________________________

Name of alleged victim(s):_____________________________________________________________

Name of alleged suspect(s): _____________________________________________________________

Name of witness(es):___________________________________________________________________

Location of Incident (be specific to campus building, street address, campus organization or event):
____________________________________________________________________________________
____________________________________________________________________________________

The location where the incident occurred was:

☐ On-Campus (include housing if contracted by the University)
  o Alpine Village
  o Branbury Apartments
  o Carriage Cove Apartments
  o Crestwood Apartments
  o Summerwood Condominiums
  o University Towers
  o Ventana Student Housing
  o Village on the Parkway
  o Wolverine Crossing

☐ Non-Campus Affiliated Property (owned, controlled, or affiliated with the University: e.g. leased property, distance education, etc.)

☐ Public Property (public property immediately adjacent to campus)

☐ Off-Campus, NOT affiliated with or adjacent to campus or used frequently for UVU educational purposes

Was incident also reported to University Police or another law enforcement agency?

☐ Yes, Agency Name: _________________________________________________________________

☐ No
Check the box(es) that best indicates the crime you are reporting. As needed, refer to the crime definitions listed in the Annual Security Report, page 27 (http://www.uvu.edu/police/docs/clery2016.pdf):

☐ Murder
☐ Manslaughter
☐ Robbery
☐ Burglary
☐ Motor Vehicle Theft
☐ Aggravated Assault
☐ Sexual Assault
☐ Arson
☐ Dating Violence
☐ Domestic Violence
☐ Stalking

Hate Crimes: The following crimes need only be reported if the victim(s) of the reported crime was/were targeted specifically because of bias/prejudice against the victim:

☐ Simple Assault
☐ Larceny – Theft
☐ Intimidation
☐ Destruction/Damages/Vandalism of Property
☐ Any Other Crime Involving Bodily Injury

Type of Bias:
☐ Not Applicable
☐ Race
☐ Ethnicity
☐ Sex/Gender
☐ Religion
☐ Disability
☐ Sexual Orientation

Were any of the following involved in the incident?

☐ Weapon
☐ Alcohol: Alleged Suspect
☐ Alcohol: Alleged Victim
☐ Drugs: Alleged Suspect
☐ Drugs: Alleged Victim

Date Incident Reported: ______________________   Time Incident Reported: _________________

Date Incident Occurred: ______________________   Time Incident Occurred: __________________

Was reported incident a sexual offense?

☐ Yes
☐ No

If yes, were the victim and offender acquainted?

☐ Yes
☐ No

If incident was a sexual offense, was it reported to the Title IX Coordinator?

☐ Yes, Date: _________________________________
☐ No

Was incident reported to the Behavior Assessment Team (BAT) team?

☐ Yes
☐ No