

## 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)
  - Alpine Village
  - Branbury Apartments
  - Carriage Cove Apartments
  - Crestwood Apartments
  - Summerwood Condominiums
  - University Towers
  - Ventana Student Housing
  - Village on the Parkway
  - 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>):

- |  |  |
|--|--|
| <input type="checkbox"/> Murder              | <input type="checkbox"/> Sexual Assault    |
| <input type="checkbox"/> Manslaughter        | <input type="checkbox"/> Arson             |
| <input type="checkbox"/> Robbery             | <input type="checkbox"/> Dating Violence   |
| <input type="checkbox"/> Burglary            | <input type="checkbox"/> Domestic Violence |
| <input type="checkbox"/> Motor Vehicle Theft | <input type="checkbox"/> Stalking          |
| <input type="checkbox"/> Aggravated Assault  |  |

**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:

- |  |  |
|--|--|
| <input type="checkbox"/> Simple Assault  | <input type="checkbox"/> Destruction/Damages/Vandalism of Property |
| <input type="checkbox"/> Larceny – Theft | <input type="checkbox"/> Any Other Crime Involving Bodily Injury   |
| <input type="checkbox"/> Intimidation    |  |

Type of Bias:

- |   |   |
|---|---|
| <input type="checkbox"/> Not Applicable | <input type="checkbox"/> Religion           |
| <input type="checkbox"/> Race           | <input type="checkbox"/> Disability         |
| <input type="checkbox"/> Ethnicity      | <input type="checkbox"/> Sexual Orientation |
| <input type="checkbox"/> Sex/Gender     |   |

Were any of the following involved in the incident?

- |   |   |
|---|---|
| <input type="checkbox"/> Weapon                   | <input type="checkbox"/> Drugs: Alleged Suspect |
| <input type="checkbox"/> Alcohol: Alleged Suspect | <input type="checkbox"/> Drugs: Alleged Victim  |
| <input type="checkbox"/> Alcohol: 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