This form is to be used by individuals identified as a “Campus Security Authority” who has significant responsibility for students and campus activities who are required under the federal Clery Act to report information they receive about crimes. The information collected from these forms will be used to prepare a compilation of statistical crime information that will be included in the campus Annual Security Report. For more information about the Campus Security Authority responsibilities and crime reporting process, please contact Director of Campus Safety Susan Wagshul-Golden, swg5@uw.edu or (253) 692 4425.

It is the policy of the University of Washington Tacoma to ensure that victims and witnesses to crime are aware of their right to report criminal acts to the police, and to report University policy violations to the appropriate office (e.g., student conduct violations to the Office of Student Affairs). However, if a reporting person requests anonymity, this request must be honored to the extent permitted by law. Accordingly, no information should be included on this form that would personally identify the victim without his/her consent.

Campus Safety & Security Department will use this form to determine the category of crime and location under which the crime should be reported according to the requirements of the Clery Act. Please forward this completed forms to: Director of Campus Safety Susan Wagshul-Golden, swg5@uw.edu or (253) 692 4425.

Campus Security Authority Name: ___________________ Phone Number: ___________________

Crime reported by:

____ Victim

____ Third Party Please identify relationship to victim: ________________________________

Date and Time the Incident occurred: ________________________________________________

Description of facts[please describe any incident that could be classified as criminal homicide, sex offense{see below}, robbery, aggravated assault, burglary ,motor vehicle theft, or arson. The Campus Safety & Security Department will make final crime classification decisions based upon information provided]:

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
Campus Security Authority Crime Incident Report Form

Location of Incident
Identify building name, address, etc.; be as specific as possible:

________________________________________________________________________________

The incident occurred:
______ On-campus, but not in student housing
______ On-campus student housing
______ Off-campus affiliated property (owned, controlled, or affiliated with the campus; e.g. leased property, fraternity, student co-op)
______ Off-campus public property immediately adjacent to campus
______ Off-campus, NOT affiliated with or not adjacent to campus
______ Unknown location

Sex Offenses (Examples of sex offenses are rape, sexual assault with an object, fondling, incest, and statutory rape)

Was this crime a sexual offense? ______ Yes ______ No

If yes, were the victim and the assailant acquainted? ______ Yes ______ No

If yes, was either the victim or the assailant under the influence of alcohol or drugs?
Victim: ______ No Yes, alcohol ______ Yes, drugs _____
Assailant: ______ No Yes, alcohol ______ Yes, drugs _____

Hate Crimes (Hate crime information is required to be reported for each of the following crimes (criminal homicide, sex offense, robbery, aggravated assault, burglary, motor vehicle theft, and arson) and for any other crime involving bodily injury.)

Is there evidence that this was incident motivated by hate or bias? Yes/No (circle one)

If yes, identify the category of prejudice:
______ Race ______ Ethnicity ______ National Origin
______ Religion ______ Disability ______ Sexual Orientation

If yes, provide a brief explanation of the determination: _______________________________________

Alcohol, Drug and Weapons Law Violations
Check all that apply:
______ Alcohol ______ Drugs ______ Weapons Describe: _______________________________________

Number of individuals arrested or referred for campus disciplinary action:

_____________________________________________________________________________________

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