

INCIDENT REPORTING DATA FORM

The form is solely for the purpose of collecting data for statistical reporting required by the Crime Awareness and Campus Safety Act, as amended by the Higher Education Amendments of 1998.

A. Name and title of person completing form: (This form is to be completed by college officials with significant responsibility for student and campus activities.)

Department/Office _____ Phone _____
Signature _____ Date _____

B. Name and title of person to whom incident was reported:

C. Date and time incident occurred:

D. Date and time incident was reported:

E. Location of incident: (Name of building, if applicable, street address and room number. NOTE: room/apartment number may be omitted when the incident reported is of a sensitive nature, and providing this information would jeopardize confidentiality.)

F. Description of incident: (Do not require include information that may reveal identities of involved parties.)

G. Please answer the following questions about the incident:

Was alcohol involved?

Was a drug involved? (If so, specify type)

Was a weapon involved? (If so, specify type)

_____ Is there evidence that the offense was motivated by bias? (If so, please explain in detail the type and nature of the bias)

H. Offender Demographics

Race _____ Age (range) _____ Height/Weight _____
Affiliations _____ (e.g., faculty, staff, student, visitor, alumni, unknown, etc.)
Scar/tattoos _____ Other Identifiers _____

I. Resolution of incident/action taken: (If any)

Has this incident been reported to any law enforcement official? If Yes, to whom and when?

Has this incident been reported to any other University official? If Yes, to whom and when?

Victim/survivor information

ADDITIONAL COMMENTS: (use reverse side if extra space is needed)

PLEASE RETURN IN SEALED ENVELOP MARKED CONFIDENTIAL TO:

**Thomas A. Rambo
Assistant Vice President for Student Life &
Director of Public Safety
Susquehanna University**