Report of Criminal Offense
Department of Public Safety

I have received information that the following criminal offense may have been committed.

Date offense committed __________________________     Approximate time of offense _________________ a.m. / p.m.

Approximate location of offense ________________________________________________________________________

Nature of criminal offense (Please check appropriate box)

☐ Murder / Non-negligent manslaughter  ☐ Burglary
☐ Negligent manslaughter  ☐ Sex offense - Forcible*
☐ Robbery  ☐ Sex offense - Non-forcible**
☐ Aggravated assault  ☐ Liquor law violation
☐ Motor vehicle theft  ☐ Drug law violation
☐ Arson  ☐ Illegal weapons possession
☐ Other (specify) ________________________________

Notes
* Forcible sex offenses are any sexual act directed against another person, forcibly or against that person's will or where the victim is incapable of giving consent (i.e., forcible rape, forcible sodomy, sexual assault with an object and forcible fondling.)
** Non-forcible sex offenses are cases of unlawful, non-forcible sexual intercourse (i.e., incest and statutory rape.)

Is it your belief that this offense might also be classified as a HATE CRIME?  ☐ Yes  ☐ No  If yes, why?
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Was the victim of this offense advised of their right to report this incident to the police for investigation?  ☐ Yes  ☐ No


Campus security authority signature ________________________________

Date __________________________

Forward this completed form immediately to the Department of Public Safety.