



# Report of Criminal Offense

(Forward this completed form immediately to the Department of Public Safety in the ATNM Building)

Prepared By Name \_\_\_\_\_ Date Prepared \_\_\_\_\_

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

Date Offense Committed: \_\_\_\_\_ Approximate Time of Offense: \_\_\_\_\_.

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

*I am reporting this incident SOLELY for statistical record-keeping purposes, in compliance with the Federal Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act of 1998, the Student Right-to-Know Act, and the Campus Security Act of 1990.*

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**Campus Security Authority Signature**

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**Date Signed**