

If Yes, were the victim and the assailant acquainted?

DEPARTMENT OF POLICE SERVICES

Jeanne Clery Security Act Crime Incident Report Form





This form is to be completed by those individuals who have been identified as "campus security authorities" who are required to report information they receive about specific crimes pursuant to the federal *Clery Act*. The information collected from these forms will be used to prepare a compilation of statistical crime information that will be included in the "Annual Crime Awareness and Campus Security Report".

It is the policy of CSUN 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. 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.

University Police 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 form to: Erika Breazile, Records Administrator, Mail code: 8282

Person receiving report:		Phone number:						
Report made	y: Victim Third Party - Please identify relationship to victim:							
Date & time t	he incident occurred							
Description of	the incident or crim							
Location of Inc	cident: (Identify buildi	name, address, etc. Be as specific as possible)						
The location w	here this incident oc	red was:						
On-ca	mpus, but not in stud	:-housing						
On-ca	On-campus, student housing							
Off-ca	Off-campus affiliated property (owned, controlled, or affiliated with the campus; e.g. leased property, fraternity							
Off-ca	Off-campus public property immediately adjacent to the campus							
Off-ca	Off-campus, NOT affiliated with or not adjacent to the campus							
Unkno	own							
SEX OFFENSES	: (Examples of sex offe	es are rape, sodomy, sexual assault with an object, fondling, incest, and statutory rape.)						
Was this crime	e a sexual offense?	Yes No						

Yes

No

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, arson, and any other crime involving bodily injury.)								
Was this incident motivated by hate or bias? Yes No								
If Yes, identify the category or prejudice:								
Race	Ethnicit	ty 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 (Desc	cribe)					
Number of indi	viduals arrested	or referred for campus o	disciplinary actior	1:				

If Yes, were either the victim or the assailant under the influence of alcohol of drugs?