Campus Security Authority Incident Report Form

Do not provide name/contact information if the person reporting the incident requests confidentiality

The Campus Security Authority (CSA) is to document as much of the request information on the form, excluding identity if confidentiality is requested, as s/he knows. The awareness can come from a direct report from a student or staff member or from a third party. University Police will use the submitted information to verify the appropriate classification of the crime.

PLEASE FILL OUT ALL RELEVANT FIELDS.

Date Incident Reported to CSA: __________________________ MM/DD/YYYY

CSA contact information (*entry of contact information is mandatory)

First and Last Name*: _______________________________________

Phone*: __________________________ XXX-XXX-XXXX

E-mail: ____________________________________________

Date(s) of incident occurrence (SELECT ONE)

Specific Date: __________________________ MM/DD/YYYY

Date Range: __________________________ to __________________________

Date(s) Unknown: [ ]

Incident description: Provide Specific information related to the reported incident:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Select the category that best fits the description of the crime you are reporting

[H] Homicide - Murder, non-negligent manslaughter, and negligent manslaughter (including vehicular manslaughter)

[ ] Aggravated assault – unlawful attack upon another with intent to inflict severe injury or great bodily harm
Sex offense, forcible – Rape, sodomy, sexual fondling, or sexual assault with object were the victim and offender acquainted
- Yes
- No
- Unknown

Sex offense, non forcible – statutory rape (victim under the legal age of consent) or incest

Burglary – unlawful entry into a structure to commit a felony or theft

Robbery – taking / attempting to take some thing by force, violence, threat, or by putting victim in fear

Motor vehicle theft – theft of automobiles, trucks, etc., including “joyriding” (taking by person without lawful access

Arson – willful or malicious burning / attempt to burn structure, vehicle, or personal property of another

Liquor (A), Drug (B), and/or Weapon Law (C) Violation (note below if incident involved an arrest (any individual) or if violation resulted in a student referral instead of an arrest) – (A) underage possession or consumption, distribution to minors (B) use, possession or distribution of controlled substances or possession of drug paraphernalia (C) possession or use of an illegal weapon

Liquor Law Violation
- Arrest, or
- Student Referral

Drug Law Violation
- Arrest, or
- Student Referral

Weapon Law Violation
- Arrest, or
- Student Referral

Other crime (note crime type below)

To your knowledge, was law enforcement notified? If so, what agency?
Was the crime reported to you by the victim or third party?
*skip entry of reporting party name and phone number if confidentially requested

- [ ] Victim
- [ ] Third Party

*If third party, please identify relationship to victim:

Reporting Party First and Last Name: ____________________________
Phone: ____________________________ XXX-XXX-XXXX

What best describes the location of the crime?
*If the crime occurred in multiple places, check all that apply.

- [ ] On-campus, residence hall, fraternity or sorority
- [ ] On-campus, not in a residence hall
- [ ] Off-campus, public property immediately adjacent to campus (sidewalks, streets, etc.)
- [ ] Off-campus in University leased or controlled space
- [ ] Off-campus, NOT affiliated with and NOT adjacent to campus
- [ ] Unknown location

If known, provide specific occurrence location (building name, street address, office Number, etc.).

Is there evidence that this crime was motivated by bias?
- [ ] Yes
- [ ] No

If you answered “NO” to the above questions: skip to the directions at the bottom of the page.
If you answered “YES” to the above questions: complete the following section:

Identify the potential category of prejudice (check all that apply):

- [ ] Race
- [ ] National Origin
- [ ] Religion
- [ ] Sexual Orientation
- [ ] Ethnicity
- [ ] Disability

Provide a brief summary of the evidence supporting a bias motivation:

Once completed, save form and email to cleryform@psu.edu or print out and send to:
Penn State University Police-Greater Allegheny
Attn: Officer Dave Pack Clery Compliance Officer
Room-108 Frable Building
4000 University Drive, McKeesport, Pa 15132