

CAMPUS SECURITY AUTHORITY INCIDENT REPORTING FORM

SOUTHSIDE COLLEGE OF HEALTH SCIENCES

REPORTING PARTIES CONTACT INFORMATION

REPORTED BY: _____
(Select All That Apply)

Affected Party

Third Party – Indirect Witness
(Party only received information about the incident)

Third Party – Direct Witness
(Party personally observed the incident)

Third Party – Mandatory Reporter

REPORT – DATE & TIME: _____

FIRST NAME: _____ **LAST NAME:** _____

PHONE NUMBER: _____ **EMAIL:** _____

RELATIONSHIP TO AFFECTED PARTY: _____

LAW ENFORCEMENT AGENCY NOTIFICATION DETAILS

NAME(S) OF LAW ENFORCEMENT AGENCY(S) NOTIFIED *(if applicable):* _____

DOES THE AFFECTED PARTY DESIRE LAW ENFORCEMENT NOTIFICATION? Yes No Unknown/Uncertain

INCIDENT DETAILS & DESCRIPTION

INCIDENT - DATE & TIME: _____

INCIDENT LOCATION: _____
(Building, Floor, Room Number, etc.)

INCIDENT DESCRIPTION (Check this box ONLY if attaching the narrative or other evidence as a separate file)

INCIDENT CATEGORY (See Definitions Below; Select All That Apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Aggravated Assault | <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Referral - Weapons Violation |
| <input type="checkbox"/> Arson | <input type="checkbox"/> Hate Crime | <input type="checkbox"/> Robbery |
| <input type="checkbox"/> Arrest - Drug Law Violation | <input type="checkbox"/> Hazing | <input type="checkbox"/> Sex Offense |
| <input type="checkbox"/> Arrest - Liquor Law Violation | <input type="checkbox"/> Homicide | <input type="checkbox"/> Stalking |
| <input type="checkbox"/> Arrest - Weapons Violation | <input type="checkbox"/> Motor Vehicle Theft | <input type="checkbox"/> Other Crime: |
| <input type="checkbox"/> Burglary | <input type="checkbox"/> Referral – Drug Law Violation | |
| <input type="checkbox"/> Dating Violence | <input type="checkbox"/> Referral – Liquor Law Violation | |
| <input type="checkbox"/> Unknown Category (Brief Description Required): | | |

DEFINITIONS: INCIDENT CATEGORY

Aggravated Assault	Unlawful attack by one person upon another for the purpose of inflicting severe or aggravated bodily injury
Arson	Willful or malicious burning or attempt to burn with or without intent to defraud a dwelling house, public building, motor vehicle or aircraft, personal property of another, etc.
Burglary	Unlawful entry of a structure to commit a felony or a theft
Dating Violence	Violence committed by a person who is or has been in a social relationship of a romantic or intimate nature with the victim; and where the existence of such a relationship shall be determined based on a consideration of the following factors: <ul style="list-style-type: none"> • the length of the relationship • the type of the relationship • the frequency of interaction between the persons involved in the relationship
Domestic Violence	Felony or misdemeanor crimes of violence committed by a current or former spouse or intimate partner of the victim, by a person with whom the victim shares a child in common, by a person who is cohabitating with or has cohabitated with the victim as a spouse or intimate partner, by a person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction or by any other person against an adult or youth victim who is protected from that person's acts under the domestic or family violence laws of the jurisdiction
Drug Abuse Violation	The violation of laws prohibiting the production, distribution and/or use of certain controlled substances and the equipment or devices utilized in their preparation and/or use
Hazing	Any intentional, knowing, or reckless act committed by a person (whether individually or in concert with other persons) against another person or persons regardless of the willingness of such other person or persons to participate, that (1) is committed in the course of an initiation into, an affiliation with, or the maintenance of membership in, a student organization (e.g., a club, athletic team, fraternity, or sorority); and (2) causes or creates a risk, above the reasonable risk encountered in the course of participation in the IHE or the organization, of physical or psychological injury.
Homicide	<ul style="list-style-type: none"> • Murder/non-negligent manslaughter: the willful (non-negligent) killing of one human being by another • Manslaughter by Negligence: the killing of another person through gross negligence
Liquor Law Violation	The violation of state or local law or ordinances prohibiting the manufacture, sale, purchase, transportation, possession, or use of alcoholic beverages
Motor Vehicle Theft	The theft or attempted theft of a motor vehicle
Referral	
Robbery	Taking or attempting to take anything of value from the care, custody, or control of a person or persons by force or threat of force or violence and/or by putting the victim in fear
Sex Offenses	Any sexual act directed against another person without the consent of the victim, including instances where the victim is incapable of giving consent <ul style="list-style-type: none"> • Rape: The penetration, no matter how slight, of the vagina or anus with any body part or object, or oral penetration by a sex organ of another person, without the consent of the victim • Fondling: The touching of the private body parts of another person for the purpose of sexual gratification, without the consent of the victims, including instances where the victim is incapable of giving consent because of his/her age or because of his/her temporary or permanent mental incapacity

- Incest: Sexual intercourse between persons who are related to each other within the degrees wherein marriage is prohibited by law
- Statutory Rape: Sexual intercourse with a person who is under the statutory age of consent

Stalking	Engaging in a course of conduct directed at a specific person that would cause a reasonable person to fear for his or her safety or the safety of others, or suffer substantial emotional distress
Weapons Law Violation	The violation of laws or ordinances prohibiting the manufacture, sale, purchase, transportation, possession, concealment, or use of firearms, cutting instruments, explosives, incendiary devices, or other deadly weapons

INCIDENT LOCATION (See Definitions Below; Select All That Apply)

- | | |
|---|---|
| <input type="checkbox"/> On Campus | <input type="checkbox"/> Public Property Adjacent to Campus |
| <input type="checkbox"/> Non-Campus – Institution-Controlled Property | <input type="checkbox"/> Location Unknown/Not Provided |
| <input type="checkbox"/> Unable to Determine (Explanation Required): | |

DEFINITIONS: INCIDENT LOCATION/CLERY GEOGRAPHY

On-Campus	<ul style="list-style-type: none"> • Any building or property owned or controlled by an institution within the same reasonably contiguous geographic area and used by the institution in direct support of, or in a manner related to, the institution’s educational purposes, including residence halls; and • Any building or property that is within or reasonably contiguous to the area identifies in paragraph (1) of this definition, that is owned by the institution but controlled by another person, is frequently used by students, and supports institutional purposes (such as food or other retail vendors)
Non-Campus Building or Property	<ul style="list-style-type: none"> • Any building or property owned or controlled by a student organization that is officially recognized by the institution; or • Any building or property owned or controlled by an institution that is used in direct support of, or in relation to, the institution’s educational purposes, is frequently used by students, and is not within the same reasonably contiguous geographic area of the institution
Public Property	All public property, including thoroughfares, streets, sidewalks, and parking facilities, that is within the campus, or immediately adjacent to and accessible from the campus

BIAS INFLUENCE ASSESSMENT

Is there any evidence that suggests this crime may have been motivated or influenced by bias? Yes No

If “Yes”, select all related bias categories implicated:

- | | | |
|---|--|---|
| <input type="checkbox"/> Ability/Disability | <input type="checkbox"/> Gender Identity | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Ethnicity | <input type="checkbox"/> National Origin | <input type="checkbox"/> Sexual Orientation |
| <input type="checkbox"/> Gender | <input type="checkbox"/> Race | <input type="checkbox"/> Other: |

If “Yes” or “Unsure”, provide a brief description of suspected bias: