

Incident Report Form

This form should be completed by those individuals identified as “campus security authorities” who are required to report information that they receive about specified 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 Seton Hall University Annual Security Report. Please forward the completed form to the Director of Public Safety and Security via inter-office mail, via email to.linfanpa@shu.edu or by requesting a public safety officer response to locations on campus.

It is the policy of Seton Hall University to ensure that victims and witnesses to crime are aware of their right to report criminal acts to the police and to report violations of the law and University policy violations to the Department of Community Development or the Department of Public Safety and Security. However, if a reporting person requests anonymity this request must be honored to the extent permitted by law. Accordingly, personally identifying information should not be included in this report without the consent of the victim.

Person Receiving Report: _____ Phone Number: _____

Reported By: _____ Victim: _____ Third Party: _____

Phone Number: _____ **Address:** _____

Date Reported: _____ **Date and Time of Incident:** _____

Description of Incident or Crime: _____

[illegible]

Location of Incident: (Identify building name, address, etc.)

The location where this incident occurred was:

_____ On Campus but not in student housing
_____ On Campus student housing
_____ Non Campus University property
_____ Off Campus Public Property (Immediately adjacent to campus)
_____ Off Campus (Not adjacent to campus)
_____ Unknown

Sex Offenses: *(Examples of sex offenses are rape, sodomy, sexual assault with an object, fondling, incest and statutory rape).*

Was this crime a sexual offense? Yes _____ No _____

If Yes, were the victim and assailant acquainted? Yes _____ No _____

If yes, were the victim and assailant under the influence of alcohol or drugs?

Victim: Yes _____ No _____

Assailant: Yes _____ No _____

Hate Crimes: *(Hate crime information is required to be reported for incidents of criminal homicide, sex offenses, robbery, aggravated assault, burglary, motor vehicle theft, arson and any crime involving bodily injury that is motivated by race, religion, ethnicity, sexual orientation, gender or disability).*

Was this incident motivated by hate or bias? Yes _____ No _____

If Yes, identify the category of prejudice:

Race _____ Ethnicity _____ Gender _____

Religion _____ Disability _____ Sexual Orientation _____

Alcohol, drug and Weapons Law Violations: *(Check all that apply)*

Alcohol _____ Drugs _____ Weapons (describe) _____

Number of individuals arrested or referred for campus disciplinary action: _____