

Slippery Rock University

CAMPUS SECURITY AUTHORITY REPORTING FORM

REPORTING PERSON CONTACT INFORMATION

First Name:	Last Name:
Phone Number:	E-mail Address:
Date of Report:	Date(s) of Incident:
Reported By: <input type="checkbox"/> The Victim - Name _____ <input type="checkbox"/> A Third Party	
If a third party reported the crime to you, please enter the relationship of the third party to the victim: _____	

AGENCY NOTIFIED

<i>If, to your knowledge, a law enforcement agency was notified, please enter the name of that agency.</i> _____
Does the victim want the incident reported to law enforcement? Yes <input type="checkbox"/> No <input type="checkbox"/>

INCIDENT INFORMATION

Location of incident (<i>building name, street address, office number</i>):
Time of incident (<i>if known</i>):
Incident description (<i>Please provide specific, detailed information; can attach additional document if necessary.</i>)

Incident Categories		
(Please see definitions of offenses by placing cursor on box next to each category)		
<input type="checkbox"/> Murder	<input type="checkbox"/> Motor Vehicle Theft	<input type="checkbox"/> Burglary
<input type="checkbox"/> Stalking	<input type="checkbox"/> Robbery	<input type="checkbox"/> Arson
<input type="checkbox"/> Aggravated Assault	<input type="checkbox"/> Dating Violence	<input type="checkbox"/> Hate Crimes
<input type="checkbox"/> Sex Offense	<input type="checkbox"/> Domestic Violence	
<input type="checkbox"/> Arrest for Liquor Law Violation	<input type="checkbox"/> Arrest for Drug Law Violation	<input type="checkbox"/> Arrest for Weapons Law Violation
<input type="checkbox"/> Referral for Liquor Law Violation	<input type="checkbox"/> Referral for Drug Law Violation	<input type="checkbox"/> Referral for Weapons Law Violation
<input type="checkbox"/> I am unsure how to classify this incident		
<input type="checkbox"/> Other Crime Category --- If the crime was not listed above, please enter the additional crime category: _____		

Is there any evidence that this crime was motivated by bias? Yes No

If yes, please choose all categories of prejudice that apply:

Race Ethnicity Disability Gender Identity

Gender Religion National Origin Sexual Orientation

If you answered “yes” to the motivated by bias question, please provide a brief summary of the evidence supporting a bias motivation:

LOCATION

What best describes the location of the crime? *(If the crime occurred in multiple places, check all that apply. See explanations on the geography by placing your cursor on the box next to each location.)*

- On-campus, Residence Hall
- On-campus, not in a Residence Hall
- Public property immediately adjacent to campus
- Non-campus in a University owned, leased, or controlled space (fraternity, sorority, off-campus classroom)
- Unknown location, other
- I do not know which category this location would fall under

Please review the information within the form. When completed, submit the form to:

University Police

Attn: Chief Kevin Sharkey

Email: kevin.sharkey@sru.edu

145 Kiester Road, Slippery Rock, PA 16057