Crime Incident Report Form

This form should be completed by those individuals identified as “campus security authorities” who are required to report information they receive about specified crimes (described below) 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 campus’ Annual Security Report.

It is the policy of the SWOSU 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 (e.g., student conduct violations to the Office of Dean of Students). 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.

SWOSU Campus 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:
SWOSU Campus Police Department via campus mail or fax (580) 774-7116

Person Receiving Report: ____________________________
Phone Number: ________________

Report Made by:

______Victim

______Third Party Please identify relationship to victim: ______________________________________

Date and Time the Incident occurred: ______________________________________________________

Description of the incident or crime: _______________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Location of Incident
Identify building name, address, etc.; be as specific as possible): _______________________________
The location where this incident occurred was:

_____ On campus, but not in student housing
_____ On campus student housing
_____ Off-campus affiliated property (owned, controlled, or affiliated with the campus; e.g., leased property, fraternity, student co-op)
_____ Off-campus public property immediately adjacent to campus
_____ Off-campus, NOT affiliated with or 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 the assailant acquainted? _____ Yes _____ No

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

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, and arson) and for any other crime involving bodily injury.*

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

If yes, identify the category of prejudice:

_____ Race _____ Ethnicity _____ 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 Describe:

________________

Referred for campus disciplinary action? __________

Referred to campus police? __________