The Campus Security Authority (CSA) is to document as much of the requested information on the form, excluding identity if confidentiality is requested. The awareness can come from a direct report from a student, staff member or from a third party and should be submitted to Campus Safety as soon as possible. Campus Safety will use the submitted information to verify the appropriate classification of the crime for reporting purposes.

The College has made many resources available to victims/witnesses of crime at no cost. If you would like to learn more about these resources, have any questions, or would like assistance completing this form please contact: Campus Safety (530) 242-7910.

**PLEASE COMPLETE ALL RELEVANT FIELDS**

Campus location where incident occurred: __________________________________________________________

Date incident reported to CSA: __________________________________________________________________

**DO NOT PROVIDE NAME/CONTACT INFORMATION IF CONFIDENTIALITY IS REQUESTED**

Incident Contact Information: (full name)

___________________________________________________________________________________________

Phone Number: __________________________________________________________________________

Incident Details:

Date incident occurred: ___________________________ (mm/dd/yy)

OR

Incident date range: ____________________________ (mm/dd/yy to mm/dd/yy)

OR

Date unknown:  ☐ Check here if the date of the incident is unknown.

Incident description: (Please provide specific, detailed information related to the incident(s).

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

(Attach additional page if needed)
Incident Category: (select all that apply)

_____ 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, sexual assault with object. If the forcible sex offense where the victim and the offender are acquainted, did they know each other?
  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.

_____ Motor Vehicle Theft: Theft of automobiles; trucks, etc.; including “joyriding” (taking vehicle without lawful access).

_____ Robbery: Taking or attempting to take something by force; violence; threat; or by putting victim in fear.

_____ Arson: Willful or malicious burning/attempt to burn structure or personal property.

_____ Liquor/Drug/Weapon Violation: If the incident was a liquor, drug or weapon law violation, please indicate if the incident involved an arrest or resulted in a student disciplinary referral:
  - Liquor: Underage possession or consumption, or distribution to minors
    _____ Arrest  _____ Referral
  - Drug: Use, possession or consumption of controlled substances or possession of drug paraphernalia
    _____ Arrest  _____ Referral
  - Weapon Law: Possession or use of an illegal weapon
    _____ Arrest  _____ Referral

_____ 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 relationship shall be determined based on a consideration of the following:
  1. Length of the relationship
  2. Type of relationship
  3. Frequency of interaction between the persons involved. Dating violence includes threats of physical, sexual, verbal, emotional, economic or psychological action to influence or control the victim.

_____ 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 receiving grant monies, 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.

_____ 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.

Other Crime Category:________________________________________________________________________________________
(Please enter new crime category if not listed above)

Motivated by Bias: Is there evidence that this crime was motivated by bias?  YES _____  NO _____
If you answered "Yes" to the above question, please choose any/all potential categories of prejudice:
  _____ Race  _____ Religion  _____ National Origin
  _____ Ethnicity  _____ Disability  _____ Sexual Orientation
  _____ Gender  _____ Gender Identity

Evidence of bias (provide brief summary of evidence supporting bias):________________________________________________________________________________________
________________________________________________________________________________________
Agency Notified:
If, to your knowledge, the local law enforcement agency having jurisdiction over that campus was notified.

Reported By: Was the crime reported to you by the victim, third party or both?
_____ Victim  _____ Third Party  (Choose one or both)
If reported by a third party, enter the relationship to the victim: ________________________________________________

*DO NOT enter reporting party information if confidentiality is requested!

* Reporting Party Name (first and last): ________________________________________________________________
* Reporting Party Phone Number: _________________________________________________________________
* Reporting Party Address: ______________________________________________________________________

Incident Location Details: What best describes the location the incident occurred. Check all that apply:
_____ On Campus, residence hall  _____ On Campus, not in residence hall
_____ Public Property (immediately adjacent to campus (sidewalks, streets, etc.)
_____ Non-Campus (college owned, leased or controlled space)
_____ Unknown location (describe below, ex: physical address)
______________________________________________________________________________________________
______________________________________________________________________________________________