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 information that will be included in the campus Annual Security Report. It is the policy of the MCCCDD College Police to ensure that victims and witnesses to crime are aware of their right to report criminal acts to the police. 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.

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 the Police Commander at the CGCC Public Safety Office.

Campus Security Authority Completing Report:

Your Name: __________________________________ Phone Number: ______________________

Report Made By:
___ Victim

      Victim’s name (with victim consent):______________________________________________

___ Third Party (please identify relationship to victim):____________________________________

Type of Incident being reported:
___ Murder       ___ Sexual Offense Forcible       ___ Sex Offense Non-Forcible
___ Aggravated Assault  ___ Burglary       ___ Robbery
___ Motor Vehicle Theft  ___ Arson
___ Liquor Law Violation  ___ Drug Law Violation       ___ Weapons Law Violation
___ Liquor Law Referral  ___ Drug Law Referral       ___ Weapons Law Referral

Date and Time Incident Occurred:_____________________________________________________

Description of the Incident/Crime:____________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________
Location of Incident (identify building name, room number, address, etc.; be as specific as possible):

________________________________________________________________________________

________________________________________________________________________________

The location where this incident occurred was:

______ On campus

______ Off campus affiliated property (owned, controlled, or affiliated with the campus)

______ Off campus public property immediately adjacent to campus

______ Unknown

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

If the crime was a sexual offense:

Were the victim and the assailant known to each other? ______ Yes ______ No

Were either the victim or the assailant under the influence of alcohol or drugs?

Victim: alcohol - Yes____ No____ drugs - Yes____ No____

Assailant: alcohol - Yes____ No____ drugs – Yes____ No____

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, arson, larceny-theft, simple assault, intimidation, or destruction, damage, or vandalism of property, 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 ______ Gender

______ Religion ______ Disability ______ Sexual Orientation ______ Gender Identity

If yes, provide a brief explanation of the determination:

________________________________________________________________________________

________________________________________________________________________________

To your knowledge, has this crime been reported to another police agency: _____Yes _____No

If Yes, do you know what agency: ________________________________