University Police & Public Safety

Campus Security Authority Incident Report Form

The Campus Security Authority (CSA) is to document as much of the requested information on the form, excluding identity if confidentiality is requested, as s/he knows. The awareness can come from a direct report from a student or staff member or from a third party. University Police will use the submitted information to verify the appropriate classification of the crime.

The University 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: Tracie Bogus; (814) 863-1273 or tib2@psu.edu.

Note: Please complete all relevant fields. Required fields are marked in bold red with an asterisk (*)

* Campus:

Please enter the campus where the incident occurred.

Date incident reported to CSA:

CSA Contact Information

* First and Last Name:

* Phone Number:

* Email Address:

A valid phone number OR email address is required.

Incident Details

Date the incident occurred:

OR

Incident date range:

Enter the date range of the incident(s) you are reporting (mm/dd/yy TO mm/dd/yy).

OR

Date unknown:

Check here if the date the incident occurred is unknown.
Incident Description:

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
   ☐ Rape (including sodomy or sexual assault with object)

   ☐ Fondling
   If rape or fondling, were the victim and the offender acquainted (did they know each other)?
      ☐ Yes  ☐ No  ☐ Unknown

   ☐ Statutory Rape (victim under the legal age of consent)

   ☐ Incest

☐ Burglary
   Unlawful entry into a structure to commit a felony or theft.

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

☐ Motor Vehicle Theft
   Theft of automobiles; trucks; etc.; including "joyriding" (taking by person without lawful access).

☐ Arson
   Willful or malicious burning / attempt to burn structure; vehicle; or personal property of another.

☐ Bias Incidents
   The following offenses are reportable only if there is evidence that the victim was intentionally selected because of the perpetrator's bias against the victim on the basis of race, religion, national origin, ethnicity, disability, sexual orientation, gender, or gender identity.

   ☐ Vandalism (Criminal Mischief)

   ☐ Larceny (Theft)

   ☐ Simple Assault

   ☐ Intimidation

☐ Dating Violence
   Violence committed by a person (A) who is or has been in a social relationship of a romantic or intimate nature with the victim; and (B) where the existence of such a relationship shall be determined based on a consideration of the following factors:

   (i) The length of the relationship;
   (ii) The type of relationship;
(iii) The frequency of interaction between the persons involved in the relationship. Dating violence includes threats of, or use 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.

**Liquor (A) Drug (B) and/or Weapon Law (C) Violation**

If the incident was a liquor, drug or weapon law violation, please indicate if the incident involved an arrest (any individual) or if the violation resulted in a student disciplinary referral instead of an arrest:

- **(A) Liquor** Underage possession or consumption; distribution to minors
  - [ ] Arrest
  - [ ] Disciplinary Referral

- **(B) Drug Use**; possession or distribution of controlled substances or possession of drug paraphernalia
  - [ ] Arrest
  - [ ] Disciplinary Referral

- **(C) Weapon Law** Possession or use of an illegal weapon
  - [ ] Arrest
  - [ ] Disciplinary Referral

**Other Crime Category:**

If crime not listed above, please enter new crime category.

**Agency Notified:**

If, to your knowledge, a law enforcement agency was notified, please enter the name of that agency.

**Reported By:** Was the crime reported to you by the victim, a third party, or both? If so, choose one or both.

- [ ] Third Party
- [ ] Victim

If a third party reported the crime to you, please enter the relationship of the third party to the victim:

**Reporting Party First / Last Name:**

Do not enter if confidentiality is requested.

**Reporting Party Phone Number:**

Do not enter if confidentiality is requested.

**Incident Location:** What best describes the location of the crime? If the crime occurred in multiple places, check all that apply:

- [ ] On campus, residence hall
- [ ] Public property immediately adjacent to campus (sidewalks, streets, etc.)
- [ ] On campus, not in a residence hall
☐ Non-Campus in University owned leased or controlled space (fraternity/sorority)
☐ Unknown location, other

Incident Address:

If known, provide specific occurrence location (building name, street address, office number, etc.).

Motivated by Bias: Is there evidence that this crime was motivated by bias? ☐ Yes  ☐ No
Prejudice Category: If you answered "Yes" to the Motivated by Bias question, please choose any/all potential categories of prejudice.

- Race
- Religion
- National Origin
- Ethnicity
- Disability
- Sexual Orientation
- Gender
- Gender Identity

Evidence of Bias: If you answered "Yes" to the Motivated by Bias question, please provide a brief summary of the evidence supporting a bias motivation.

Once completed, you may submit this form electronically by clicking on the Submit button below or print the form and send to:

University Police and Public Safety
The Pennsylvania State University
Attn: Compliance Coordinator
30 Eisenhower Parking Deck
University Park, PA 16802