CAMPUS SECURITY AUTHORITY
CRIME REPORTING FORM

CAMPUS: WINDWARD COMMUNITY COLLEGE
DATE REPORT RECEIVED: ________________
CSA NAME: __________________________________ PHONE: ____________
CSA DEPT/SECTION: ___________________________ EXT: ______________

REPORTING PARTY INFORMATION
REPORTER: ☐ VICTIM (check one: ☐student ☐faculty ☐staff ☐other: _____)
☐ THIRD PARTY REPORTER
☐ SERVICE PROVIDER AGENCY

STATUS: ☐ Reporter wishes to remain anonymous
☐ Reporter willing to provide contact information (see below)
☐ Other _____

NAME: __________________________ PHONE 1: ____________
TITLE / DEPT: __________________________ OTHER PH: ____________
ADDRESS: __________________________ APT/UNIT #: ____________
CITY/TOWN: __________________________ STATE: ____________ ZIP: __________

CRIME INFORMATION
CRIME CLASSIFICATION: Click for pulldown menu

IF CRIME MOTIVATED BY BIAS (HATE), WHAT TYPE OF BIAS: Click for pulldown menu

DATE INCIDENT OCCURRED ON OR BETWEEN: __________ AND __________
TIME INCIDENT OCCURRED AT OR BETWEEN: ______ ☐am ☐pm AND ______ ☐am ☐pm

LOCATION TYPE: ☐Building/Structure ☐Sidewalk/Street ☐Other
CRIME LOCATION (address and building name if available): ______
LOCATION IS OWNED, CONTROLLED, OR LEASED BY INSTITUTION: ☐Yes ☐No ☐Unknown
IT WAS USED AS AN INSTITUTION-SPONSORED/SANCTIONED EVENT: ☐Yes ☐No ☐Unknown

SYNOPSIS OF THE INCIDENT: _____

ADDITIONAL INFORMATION

COMMENTS/NOTES: _____