CRIME INCIDENT REPORT FORM
This form should be completed by those individuals identified as "campus 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 University of Nebraska Medical Center to ensure that victims and witnesses to crime are aware of their right to report criminal acts to the police, and to report university regulation violations to the appropriate office. 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 Security 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 completed forms to: Gary Svanda, Director of Campus Security, Zip (7805).**

Campus Security Authority Completing Report:
Your Name: ____________________________________________
Phone Number:_______________________
Report Made By: _____________________ Victim
____________________ Third Party (please identify relationship to victim):
______________________________________________________________________________
Date and Time Incident Occurred: ________________________________________________
Description of the Incident/Crime: ________________________________________________
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Location of Incident (identify building name, room number, 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, that is leased property)

_____ 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 known to each other? ______ Yes ______ No

If yes, was either the victim or the assailant under the influence of alcohol or drugs?
Victim: ______ Yes, alcohol ______ Yes, drugs ______ No
Assailant: ______ Yes, alcohol ______ Yes, drugs ______ 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

_____ 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:

_________________________________________________________________________________________

_________________________________________________________________________________________

Number of individuals arrested or referred for campus disciplinary action: ___________________________