UNIVERSITY OF CALIFORNIA, SANTA BARBARA

Crime & Incident Report Form

This form is for the anonymous reporting of any criminal offense or bias-motivated (hate) incidents to the UCSB Police Department for inclusion in the annual Clery report. It assists with the compilation of statistical data for offenses/incidents that occur on UCSB property. Filing this form will not result in an investigation. This form is to be filled out by a Campus Security Authority (CSA) and forwarded to the Clery Act CSA Coordinator in the Women’s Center. See the Clery PowerPoint Presentation for more information (www.sa.ucsb.edu/Policies/CleryAct).

Did this offense occur on property owned or operated by the University of California?  □ Yes  Location: ____________________________________________
□ No  □ Nothing was reported to me during the ________ calendar year

Has this offense been reported by the victim to anyone else at UCSB?  □ Yes  □ No
□ Dean of Students  □ Police  □ Women’s Center
□ Ombuds  □ Housing/Res. Life  □ Athletics
□ Labor Relations  □ EOP  □ Academic Advisor
□ Sexual Harassment Officer  □ Other: ____________________________________________

Date/Time of Offense/Incident: ____________________________________________

Type of Offense/Incident:
□ Simple Assault  □ Murder  □ Aggravated Assault
□ Robbery  □ Manslaughter  □ Burglary
□ Larceny/Theft  □ Arson  □ Motor Vehicle Theft
□ Bias-Motivated  □ Other: ____________________________________________

Sex offenses:  □ Forcible  □ Non-forcible
□ Stalking  □ Domestic Violence  □ Dating Violence

INFORMATION ON THE OFFENSE/INCIDENT

Type of force used:
□ None  □ Intimidation  □ Verbal
□ Fear  □ Physical  □ Weapon: ____________________
□ Other: ____________________________________________

Was the victim either physically or emotionally injured in the incident?  □ Yes  □ No  □ Unknown

Was the offender physically injured in the incident?  □ Yes  □ No  □ Unknown

Please describe the incident (if additional space is needed, please attach to this report form):
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
Was this incident motivated by bias toward the real or perceived status of the victim, or by bias toward a specific group of people?

- [ ] Yes  
- [ ] No

**Bias/hate based upon:**

- [ ] Race  
- [ ] Sexual Orientation  
- [ ] Ethnicity  
- [ ] Disability  
- [ ] Religion  
- [ ] Immigration status  
- [ ] Gender  
- [ ] National Origin  
- [ ] Other: ___________________

**Form of hate/bias:**

- [ ] Mail  
- [ ] Vandalism:  
- [ ] E-mail  
- [ ] Home  
- [ ] Telephone  
- [ ] Vehicle  
- [ ] Verbal  
- [ ] Graffiti (describe): ___________________
- [ ] Other: ___________________

**INFORMATION ON OFFENDER(S)**

Number of offenders (if multiple offenders, complete this section on additional forms for each offender and attach):

- Gender:  
- Male  
- Female  
- Transgender  
- Age: _____

Name(s) (if known):

- ___________________________________________________________

Affiliation to UCSB (if known):

- Undergrad student  
- Staff  
- Grad student  
- Non-affiliated  
- Faculty  
- Other: ___________________

Residence (if known):

- On-campus housing  
- Off-campus hsg. (UCSB)  
- Fraternity/Sorority  
- Off-campus (non-UCSB)  
- ________________

Race/Ethnicity (if known):

- African American/Black  
- Native American  
- Asian  
- White  
- East Indian  
- Chicano/Latino  
- Bi-racial  
- Multi-racial  
- Other: ___________________

- Height: __________  
- Weight: __________  
- Build: __________  
- Complexion: __________

Eye Color:

- Brown  
- Blue  
- Green  
- Hazel  
- Other: ___________________

Hair:

- Bald  
- Straight  
- Clean shaven  
- Black  
- Wavy/Curly  
- Unshaven  
- Blond  
- Pony Tail  
- Mustache  
- Brown  
- Unkempt  
- Beard  
- Red  
- Other: ___________________
- Goatee  
- Other: ___________________

Marks, Scars, Tattoos, etc.:

- ___________________________________________________________

Clothing:

- ___________________________________________________________________

Speech:

- ___________________________________________________________________
Offender's relationship to the victim/survivor:
- Stranger
- Spouse
- Acquaintance
- Ex-spouse
- Friend
- Partner/Lover
- Co-worker
- Ex-partner/Lover
- Faculty/T.A.
- Other:  

Was the offender using alcohol and/or other drugs at the time?
- Yes (Alcohol)
- Yes (Other Drug)
- No
- Unknown

INFORMATION ON VICTIM/SURVIVOR

Gender:  
- Male
- Female
- Transgender

Affiliation to UCSB (if known):
- Undergrad student
- Staff
- Grad student
- Non-affiliated
- Faculty
- Other:  

Residence:
- On-campus housing
- Off-campus hsg. (UCSB)
- Fraternity/Sorority
- Off-campus (non-UCSB)

Race/Ethnicity (voluntary):
- African American/Black
- Native American
- Asian
- White
- East Indian
- Chicano/Latino
- Bi-racial
- Multi-racial
- Other:  

Sexual orientation (voluntary):

Referrals made:

Comments:

Form completed by:

Name

Department  Date

Rev. 02/14