Crime & Incident Report Form

This form is for the 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. Completing this form will not result in an investigation.

To report a Clery Crime at UCSB:
- For emergencies & crimes in progress, call 9-1-1
- Fill out this Campus Security Authority Crime & Incident Report form
- Send form immediately to UCSB Police Department, Records Supervisor, Mail Code: 1010 or email to records@police.ucsb.edu or fax to 805-893-8569

Need Assistance?
- Suzanne Perkin, Dean of Students Office, 805-893-4364
- Lt. Dave Millard, UCPD, 805-893-2845
- Visit the Clery PowerPoint Presentation at www.sa.ucsb.edu/Policies/Clery-Act in the CSA Training Toolbox section of the website

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
- Ombuds
- Labor Relations
- Sexual Harassment Officer
- Police
- Housing/Res. Life
- EOP
- Women’s Center
- Athletics
- Academic Advisor

Date/Time of Offense/Incident:  _______________________________________________________________________________________

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

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

INFORMATION ON THE OFFENSE/INCIDENT

Type of force used:
- None
- Fear
- Other:  ____________________________
- Intimidation
- Physical
- Weapon:  ____________________________
- Verbal
- 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  □ Gender Identity

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 housing (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: ________________________________
- 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

Name (if the individual does not want to remain anonymous): ___________________________

Gender: □ Male  □ Female  □ Transgender  Age: ______

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

Residence:
- On-campus housing
- Off-campus housing (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: _______________________________________________________________