



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 Vickie.Olsen@police.ucsb.edu or fax to 805-893-8569

Need Assistance?

- Suzanne Perkin, Dean of Students Office, 805-893-4364
- Jill Dunlap, CARE Advocacy, 805-893-2628
- Lt. Dave Millard, UCPD, 805-893-2845
- See the Clery PowerPoint Presentation at www.sa.ucsb.edu/Policies/CleryAct 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

- | | | |
|--|--|---|
| <input type="checkbox"/> Dean of Students | <input type="checkbox"/> Police | <input type="checkbox"/> Women's Center |
| <input type="checkbox"/> Ombuds | <input type="checkbox"/> Housing/Res. Life | <input type="checkbox"/> Athletics |
| <input type="checkbox"/> Labor Relations | <input type="checkbox"/> EOP | <input type="checkbox"/> Academic Advisor |
| <input type="checkbox"/> Sexual Harassment Officer | <input type="checkbox"/> Other: _____ | |

Date/Time of Offense/Incident: _____

Type of Offense/Incident:

- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> Simple Assault | <input type="checkbox"/> Murder | <input type="checkbox"/> Aggravated Assault |
| <input type="checkbox"/> Robbery | <input type="checkbox"/> Manslaughter | <input type="checkbox"/> Burglary |
| <input type="checkbox"/> Larceny/Theft | <input type="checkbox"/> Arson | <input type="checkbox"/> Motor Vehicle Theft |
| <input type="checkbox"/> Bias-Motivated | <input type="checkbox"/> Other: _____ | |

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

INFORMATION ON THE OFFENSE/INCIDENT

Type of force used:

- | | | |
|---------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Intimidation | <input type="checkbox"/> Verbal |
| <input type="checkbox"/> Fear | <input type="checkbox"/> Physical | <input type="checkbox"/> Weapon: _____ |
| <input type="checkbox"/> 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:

- | | | |
|-------------------------------------|---|---|
| <input type="checkbox"/> Race | <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Ethnicity |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Religion | <input type="checkbox"/> Immigration status |
| <input type="checkbox"/> Gender | <input type="checkbox"/> National Origin | <input type="checkbox"/> Gender Identity |

Form of hate/bias:

- | | | |
|---------------------------------------|---|----------------------------------|
| <input type="checkbox"/> Mail | <input type="checkbox"/> Vandalism: | <input type="checkbox"/> E-mail |
| <input type="checkbox"/> Home | <input type="checkbox"/> Telephone | <input type="checkbox"/> Vehicle |
| <input type="checkbox"/> Verbal | <input type="checkbox"/> Graffiti (describe): _____ | |
| <input type="checkbox"/> 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):

- | | | |
|--|----------------------------------|---------------------------------------|
| <input type="checkbox"/> Undergrad student | <input type="checkbox"/> Staff | <input type="checkbox"/> Grad student |
| <input type="checkbox"/> Non-affiliated | <input type="checkbox"/> Faculty | <input type="checkbox"/> Other: _____ |

Residence (if known):

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

Race/Ethnicity (if known):

- | | | |
|---|--|---|
| <input type="checkbox"/> African American/Black | <input type="checkbox"/> Native American | <input type="checkbox"/> Asian |
| <input type="checkbox"/> White | <input type="checkbox"/> East Indian | <input type="checkbox"/> Chicano/Latino |
| <input type="checkbox"/> Bi-racial | <input type="checkbox"/> Multi-racial | <input type="checkbox"/> Other: _____ |

Height: _____ Weight: _____ Build: _____ Complexion: _____

Eye Color:

- Brown
- Hazel

- Blue
- Other: _____

- Green

Hair:

- Bald
- Black
- Blond
- Brown
- Red
- Other: _____

- Straight
- Wavy/Curly
- Pony Tail
- Unkempt
- Other: _____

- Clean shaven
- Unshaven
- Mustache
- Beard
- Goatee
- Other: _____

Marks, Scars, Tattoos, etc.: _____

Clothing: _____

Speech: _____

Offender's relationship to the victim/survivor:

- Stranger
- Ex-spouse
- Co-worker
- Other: _____

- Spouse
- Friend
- Ex-partner/Lover

- Acquaintance
- Partner/Lover
- Faculty/T.A.

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
- Non-affiliated

- Staff
- Faculty

- Grad student
- Other: _____

Residence:

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

Race/Ethnicity (voluntary):

- African American/Black
- White
- Bi-racial

- Native American
- East Indian
- Multi-racial

- Asian
- Chicano/Latino
- Other: _____

Sexual orientation (voluntary): _____

Referrals made: _____
