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

☐ 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  ☐ Non-forcible  ☐ 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 ☐ 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: _____________________
- ☐ Goatee

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:  ____________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________