



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?

- Lt. Mark Signa, UCPD: 805-893-3675, or Marisa Huston: 805-893-2324
- Visit the CSA PowerPoint Training at www.police.ucsb.edu/clery-act

Address of Offense/Incident: _____

Did this offense occur on property owned or operated by the University of California?

- Yes No

Additional location information: _____

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"/> Title IX Office | <input type="checkbox"/> Other: _____ | |

Date of Offense/Incident: _____ Time of Offense/Incident: _____

Type of Offense/Incident:

- | | | |
|-----------------------------------|--|--|
| <input type="checkbox"/> Murder | <input type="checkbox"/> Manslaughter | <input type="checkbox"/> Aggravated Assault |
| <input type="checkbox"/> Robbery | <input type="checkbox"/> Burglary | <input type="checkbox"/> Motor Vehicle Theft |
| <input type="checkbox"/> Arson | <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Dating Violence |
| <input type="checkbox"/> Stalking | <input type="checkbox"/> Other: _____ | |

Sex offenses: Rape Statutory Rape Incest Fondling

Other Crimes: Intimidation Simple Assault Larceny/Theft Destruction/Damage/Vandalism of Property

INFORMATION ON OFFENDERS

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):

UCSB Residence Hall

Off-campus

Fraternity/Sorority

Other: _____

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

Ponytail

Mustache

Brown

Unkempt

Beard

Red

Other: _____

Goatee

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

