

Jeanne Clery Act Incident Reporting Form

Purpose: This form is used to document incidents that may be reportable under the Jeanne Clery Act.

1. Report Information

Date Report Received: _____

Time Report Received: _____

Person Completing Form: _____

Title/Position: _____

2. Incident Information

Date Incident Occurred: _____

Time Incident Occurred: _____

Location: _____

3. Reporting Party

Victim / Witness / Third Party

Contact Information (optional): _____

4. Description of Incident

Description: _____

5. Type of Incident

Criminal Homicide, Sex Offense, Robbery, Aggravated Assault, Burglary, Motor Vehicle Theft, Arson, Domestic Violence, Dating Violence, Stalking, Liquor Law Violation, Drug Law Violation, Weapons Law Violation, Hate Crime, Other

6. Safety Concerns

Does this incident present an ongoing threat? Yes / No / Unknown

7. Law Enforcement Involvement

Law Enforcement Notified? Yes / No / Unknown

8. Resources Offered

Dean of Students, Title IX Coordinator, Counseling Resources, Law Enforcement, Other

9. Forwarding Information

Date Forwarded: _____

Forwarded To: _____