

Campus Security Authority Report Form

This form should be used by those individuals who are required to file reports on specific crime information that is reported to them as per the federal Clery Act. The information contained in these forms will be used to compile the statistical data necessary for the submittal of our annual crime report.

Oregon Institute of Technology strongly urges all victims and witnesses of crimes to report those incidents to Campus Safety and the Klamath Falls police department, and to report any policy violations to the appropriate school authorities. However, if a reporting person request anonymity, this request must be honored to the extent permitted by law. Accordingly, no information in this form should be included that would personally identify the victim without her/his consent.

Campus Safety will use the information submitted to determine the appropriate category for the crime according to the requirements of the Clery Act.

Please forward this completed form to: Campus Safety "Clery Report"

Campus Security Authority N	lame:		Phone:
Signature of CSA filing report	rt:		
Crime Reported By:	Survivor	_ Third Party	
Name of reporting person:	(do not fil	l in if anonymity reques	ted)
Name of survivor:		l in if anonymity reques	ted)
Name of witness(es):	(do not fil	l in if anonymity reques	ted)
Name of offender:			
If third party, identify relation	nship to surviv	or:	
Date and time incident occur	red:		

Location where incident occurred (be as specific as possible)

Location where incident occurred is:

- On campus, but not in residence housing
- _____ On campus residence housing
- _____ Off campus affiliated property (owned, controlled, leased, etc)
- _____ Off campus non-affiliated property
- Public property immediately adjacent to campus (streets, sidewalks, etc)

SEX OFFENSES

Examples of sex offenses are rape, sodomy, sexual assault, fondling, incest, statutory rape.

Was this crime a sex offense? ____ Yes ____ No

Was the crime committed forcibly and/or against the victim's will? _____ Yes _____ No

Was the victim incapable of giving consent because of their age or temporary or permanent mental or physical incapacity? _____ Yes ____ No

If yes was the victim or assailant under the influence of alcohol or drugs? Victim: _____Alcohol _____Drugs

Assailant: _____ Alcohol _____ Drugs

HATE CRIMES

Hate crime information is required for each of the following crimes (criminal homicide, sex offense, robbery, assault, burglary, motor vehicle theft, and arson) and for any other crime involving bodily injury.

Is there reason to believe that this incident was motivated by hate or bias? _____Yes _____No

If yes, identify the category of prejudice (check all that applies):

Race Ethnicity National Origin Religion Disability Sexual Orientation

Brief explanation of the determination

Alcohol, Drug, & Weapons Violations

Number of individuals referred for campus disciplinary action for Alcohol Drugs Weapons

CSA Report Form (cont'd) Description of incident or crime reported:
