



### Crime Incident Report Form

This form should be completed by those individuals identified as "Campus Security Authorities" who are required to report information they receive about specified crimes as described on the definitions sheet pursuant to the federal *Clery Act*. The information collected from these forms will be used to prepare a compilation of statistical information that will be included in the campus' annual security report.

It is the policy of Lynn University to ensure that victims and witnesses to crimes are aware of their rights to report criminal acts to Campus Safety. However, if a reporting person requests anonymity, this request must be honored to the extent permitted by law. Accordingly, no information should be included on this form that would personally identify the victim without his/her consent.

Campus Safety will use this form to determine the category of crime and location under which the crime should be reported according to the requirements of the *Clery Act*. Please forward this completed form to:

Lynn University, Attn: Chief of Campus Safety  
EML Residence Hall, 4th Floor  
3601 N. Military Trail  
Boca Raton, FL 33431

Campus Security Authority completing report:

**Date of Report:** \_\_\_\_\_

**Name of Campus Security Authority:** \_\_\_\_\_

**Date that incident occurred (mm/dd/yy):** \_\_\_\_\_

***If multiple incidents were reported or if the date the incident occurred is unknown, please note below:***

#### **Reporting Person Contact Information**

Reported by: The Victim \_\_\_\_\_ A Third Party \_\_\_\_\_

First name: \_\_\_\_\_ Last name \_\_\_\_\_

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

If a third party reported the crime to you, please enter the relationship of the third party to the victim:

\_\_\_\_\_

**Agency Notified**

*If, to your knowledge, a law enforcement agency was notified, please enter the name of that agency.*

**Agency:** \_\_\_\_\_

Does the victim want the incident reported to law enforcement?    Yes            No

**Location/Incident Information**

*Location of incident (identify building name, residence hall, office number, room number, street address, etc.; be as specific as possible):*

\_\_\_\_\_

*Time of incident (if known):* \_\_\_\_\_

*Description of the incident/crime (please provide specific, detailed information; attach additional documents if necessary.):* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Sex Offenses**

Examples of sex offenses include **rape**, **fondling**, **incest** and **statutory rape** (see definitions of crimes).

Was this crime a sexual offense?    \_\_\_\_\_ Yes    \_\_\_\_\_ No

If yes, were the victim/survivor and the assailant known to each other?    \_\_\_\_\_ Yes    \_\_\_\_\_ No

If yes, was the victim/survivor or the assailant under the influence of alcohol or drugs?

Victim:            \_\_\_\_\_ Yes, alcohol    \_\_\_\_\_ Yes, drugs    \_\_\_\_\_ No    \_\_\_\_\_ Unknown

Assailant:        \_\_\_\_\_ Yes, alcohol    \_\_\_\_\_ Yes, drugs    \_\_\_\_\_ No    \_\_\_\_\_ Unknown

**Other Incident Categories (please check one—see definition of offenses)**

Homicide	_____
Aggravated Assault	_____
Burglary	_____
Robbery	_____
Arson	_____
Motor Vehicle Theft	_____
Dating Violence	_____
Domestic Violence	_____
Stalking	_____

Other Crime Category (*if the crime was not listed above, please enter the additional crime category*):

\_\_\_\_\_

**Hate Crimes**

Hate crime information is required to be reported for each of the following crimes: criminal homicide, sex offense, robbery, aggravated assault, burglary, motor vehicle theft, arson, larceny-theft, simple assault, intimidation or destruction, damage or vandalism of property, and for any other crime involving bodily injury.

Was this incident motivated by hate or bias? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, identify the category of prejudice that apply:

_____ Race	_____ Ethnicity	_____ National origin	_____ Gender
_____ Religion	_____ Disability	_____ Sexual orientation	_____ Gender identity

If you answer “yes”, to the Motivated by Bias question, please provide a brief summary of the evidence supporting a bias motivation:

\_\_\_\_\_  
\_\_\_\_\_

**Alcohol, Drug and Weapons Violations**

Check all that apply:

\_\_\_\_\_ Alcohol

\_\_\_\_\_ Drugs

\_\_\_\_\_ Weapons

Please describe:

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Number of individuals arrested or referred for campus disciplinary action:

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(Revised on 6/2/16)