

**CAMPUS SECURITY AUTHORITY  
CRIME REPORTING FORM**

CAMPUS: WINDWARD COMMUNITY COLLEGE  
DATE REPORT RECEIVED: \_\_\_\_\_  
CSA NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
CSA DEPT/SECTION: \_\_\_\_\_ EXT: \_\_\_\_\_

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**REPORTING PARTY INFORMATION**

REPORTER:  VICTIM (check one: student faculty staff other: \_\_\_\_\_)  
 THIRD PARTY REPORTER  
 SERVICE PROVIDER AGENCY

STATUS:  Reporter wishes to remain anonymous  
 Reporter willing to provide contact information (see below)  
 Other \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE 1: \_\_\_\_\_  
TITLE / DEPT: \_\_\_\_\_ OTHER PH: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ APT/UNIT #: \_\_\_\_\_  
CITY/TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

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**CRIME INFORMATION**

CRIME CLASSIFICATION: Click for pulldown menu  
IF CRIME MOTIVATED BY BIAS (HATE), WHAT TYPE OF BIAS: Click for pulldown menu

DATE INCIDENT OCCURRED ON OR BETWEEN: \_\_\_\_\_ AND \_\_\_\_\_  
TIME INCIDENT OCCURRED AT OR BETWEEN: \_\_\_\_\_ am pm AND \_\_\_\_\_ am pm

LOCATION TYPE: Building/Structure Sidewalk/Street Other

CRIME LOCATION (address and building name if available): \_\_\_\_\_

LOCATION IS OWNED, CONTROLLED, OR LEASED BY INSTITUTION: Yes No Unknown

IT WAS USED AS AN INSTITUTION-SPONSORED/SANCTIONED EVENT: Yes No Unknown

SYNOPSIS OF THE INCIDENT: \_\_\_\_\_

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**ADDITIONAL INFORMATION**

COMMENTS/NOTES: \_\_\_\_\_