

Vincennes University Crime/Incident Report Form

(In compliance with the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act)

Campus Security Authority (CSA) Information:

Date Reported to CSA: _____ Time Reported to CSA: _____

Name of Reporting CSA: _____ Department: _____

Title: _____ Contact Number: _____

Crime/Incident Information:

Date of Crime/Incident: _____ Time of Crime/Incident: _____

Location Where Crime/Incident Occurred:

_____ On Campus Building or Property _____ Residence Hall
_____ Non-Campus Building or Property _____ Public Property

Address or Description of Location: _____

Type of Crime/Incident Being Reported:

We are required to report the following crimes/incidents:

Murder, Non-Negligent or Negligent Manslaughter, Rape, Fondling, Incest, Statutory Rape, Robbery, Aggravated Assault, Burglary, Motor Vehicle Theft and Arson. If you believe that the crime/incident that you are reporting falls into one of the preceding categories, then please describe the crime/incident below.

For Public Safety Use Only:

_____ Alcohol Violation Disciplinary Referral _____ Clery Act Offense Type
_____ Drug Violation Disciplinary Referral _____ Crime/Incident Not Reportable
_____ Weapons Violation Disciplinary Referral

Bias/"Hate" Crime Information:

1. Was this crime perpetrated based upon the victim's race, gender, religion, sexual orientation, ethnicity or disability? **YES** **NO**

If you answered "YES", then please specify: _____

2. Was the victim physically assaulted/battered? **YES** **NO**

Does the victim wish to be contacted by the Public Safety Department? **YES** **NO**
If you answered "YES," then please fill out the additional information about the victim:

Name: _____ Telephone Number: _____

If you need assistance completing the form contact Assistant Chief Porter at 812-888-5590 and return to the Department of Public Safety in person or by email to vincennesuniversitypolice@vinu.edu.