

Campus Security Authority Incident Report Form

Date and Time the Incident Occurred: ____/____/____ ____:____

Date and Time the Incident Reported: ____/____/____ ____:____

Location of Incident: *(Check One)*

- On Campus, residence hall
- On Campus, other than residential facilities
- Non-Campus property (owned, controlled, or affiliated with campus; e.g., leased property, fraternities)
- Public Property immediately adjacent to campus (sidewalk, street, sidewalk which are adjacent to campus)
- Off-campus, **NOT** affiliated or adjacent to campus (e.g., City of Oxford)
- Unknown

Type of Incident: *Please refer to the attached definitions for assistance in selecting the correct type of incident.*

- | | |
|---|--|
| <input type="checkbox"/> Murder or Non-Negligent Manslaughter | <input type="checkbox"/> Negligent Manslaughter |
| <input type="checkbox"/> Forcible Sex Offense | <input type="checkbox"/> Non-Forcible Sex Offenses |
| <input type="checkbox"/> Robbery | <input type="checkbox"/> Aggravated Assault |
| <input type="checkbox"/> Burglary | <input type="checkbox"/> Motor Vehicle Theft |
| <input type="checkbox"/> Arson | <input type="checkbox"/> Hate Crime (Also See Below) |

Briefly describe the incident:

Hate Crimes: *Hate crime information is required to be reported for each of the following crimes*

- | | |
|--|--|
| <input type="checkbox"/> Murder or Non-Negligent Manslaughter | <input type="checkbox"/> Negligent Manslaughter |
| <input type="checkbox"/> Forcible Sex Offense | <input type="checkbox"/> Non-Forcible Sex Offenses |
| <input type="checkbox"/> Robbery | <input type="checkbox"/> Aggravated Assault |
| <input type="checkbox"/> Burglary | <input type="checkbox"/> Motor Vehicle Theft |
| <input type="checkbox"/> Arson | <input type="checkbox"/> Larceny-theft |
| <input type="checkbox"/> Simple Assault | <input type="checkbox"/> Intimidation |
| <input type="checkbox"/> Destruction, Damage, or Vandalism of Property | <input type="checkbox"/> any other Crime Involving bodily injury |

Was this incident motivated by hate or bias? Yes ____ No ____

If yes, identify the category of prejudice: Race ____ Ethnicity ____ National Origin ____ Religion ____
Disability ____ Sexual Orientation ____ Gender ____

If yes, provide a brief explanation of the facts that led to your conclusion:

Report Made by:

- Victim
- Third Party - Please identify relationship to the victim: _____
- Offender

Person Receiving Report: _____ **Phone Number:** _____

**Please forward this completed form to Miami University Police Department
4945 Oxford Trenton Road, Oxford, Ohio 45056!**