



CRIMINAL INCIDENT REPORT

1. Prepared by: Name _____
Title _____
Date _____

2. Was this crime reported to any Law Enforcement Agency? Yes No

If "Yes," to which agency: SUNY Canton University Police
 Canton Village Police Department
 Other

3. Does the Reporter wish to file a formal complaint? Yes No

If "Yes": Name _____
Address _____
Phone _____

4. A) The following crime was reported (please check):
 Murder Aggravated Assault Robbery
 Non-Negligent Manslaughter Burglary Hate Crimes
 Negligent Manslaughter Motor Vehicle Theft Dating Violence
 Rape Arson Domestic Violence
 Fondling Liquor Law Violations Stalking
 Incest Drug Law Violations
 Statutory Rape Weapon Law Violations

B) Was the crime reported a hate crime? Yes No
If "Yes," identify the category of prejudice:
 Race Ethnicity National Origin Gender Identity
 Religion Disability Sexual Orientation Gender
Please provide a brief explanation for this determination:

5. A) Crime occurred: Date _____
Time _____
Location _____

B) Give a brief description of the incident: _____

Please forward completed form to:
Chief of University Police, Dana Hall 210

(Anonymous Reports Accepted)