



**Anonymous  
Reports  
Accepted**

**CAMPUS SECURITY AUTHORITY  
CRIMINAL INCIDENT REPORT**

1. Prepared by: Name \_\_\_\_\_ Date \_\_\_\_\_  
Title \_\_\_\_\_

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

If "Yes," to which agency:  SUNY Potsdam University Police  SUNY Canton University Police  
 Potsdam Village Police Dept.  Canton Village Police Dept.  
 Other \_\_\_\_\_

3. Does the Reporter wish to file a formal complaint?  Yes  No **\*\*Filing a complaint is optional.\*\***

If "Yes": Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

4. A) To the best of your ability, please check which crime you feel was committed/reported:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Murder                      | <input type="checkbox"/> Aggravated Assault         | <input type="checkbox"/> Robbery             |
| <input type="checkbox"/> Non-Negligent Manslaughter  | <input type="checkbox"/> Burglary                   | <input type="checkbox"/> Hate Crimes         |
| <input type="checkbox"/> Negligent Manslaughter      | <input type="checkbox"/> Motor Vehicle Theft        | <input type="checkbox"/> Drug Law Violations |
| <input type="checkbox"/> Forcible Sexual Assault     | <input type="checkbox"/> Illegal Weapons Possession | <input type="checkbox"/> Arson               |
| <input type="checkbox"/> Non-Forcible Sexual Assault | <input type="checkbox"/> Liquor Law Violations      |  |

B) Was the crime bias-related?  Yes  No

If "Yes," please provide a brief explanation to the best of your ability: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. A) Crime occurred: Date \_\_\_\_\_ Time \_\_\_\_\_ Location \_\_\_\_\_

B) To the best of your ability, please provide a brief description of the incident: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please forward completed form to: Chief of University Police, Van Housen Ext. 1<sup>st</sup> Flr. (Potsdam) or Dana Hall (Canton).**