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)