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)