



**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)