UNIVERSITY OF CALIFORNIA, SANTA BARBARA

Crime & Incident Report Form

This form is for the reporting of criminal offenses to the Clery Act Compliance Coordinator for inclusion in the Annual Security Report. Crime reports are also used to assess for potential alerts to campus about crimes that are considered a continuing threat to the campus community.

If you would like to make a report to UCPD for investigation of a crime, please fill out UCPD's "Report a Crime" form at www.police.ucsb.edu/contact-us/report-crime.

Reporting a Clery crime at UCSB:

- For emergencies or a crime in progress, call **911** (805-893-3446 for non-emergencies).
- Fill out this form and send immediately to **clery@police.ucsb.edu** or fax to 805-893-8569. A paper copy can be delivered to the UCPD station at 574 Mesa Road.

Need Assistance?

- Marisa Huston: 805-893-2324, or Lt. Mark Signa: 805-893-3675
- CSA information and training tools available at: **www.police.ucsb.edu/clery-act**

Address of Offense/Incident: _____

Did this offense occur on property owned or operated by the University of California?
☐ Yes ☐ No

Did this offense occur on property owned or operated by a UCSB Student Org (e.g., fraternity)?
☐ Yes ☐ No

Additional location information: _____

Has this offense been reported by the victim to anyone else at UCSB? ☐ Yes ☐ No

☐ Dean of Students	☐ Police	☐ Women's Center
☐ Ombuds	☐ Housing/Res. Life	☐ Athletics
☐ Labor Relations	☐ EOP	☐ Academic Advisor
☐ Title IX Office	☐ Other: _____	

Date of Incident: _____ **Time of Offense/Incident:** _____ **Date of Report:** _____

Type of Offense/Incident:

☐ Murder	☐ Manslaughter	☐ Aggravated Assault
☐ Robbery	☐ Burglary	☐ Motor Vehicle Theft
☐ Arson	☐ Rape	☐ Statutory Rape
☐ Incest	☐ Fondling	☐ Dating Violence
☐ Domestic Violence	☐ Stalking	☐ Other: _____

Other: ☐ Intimidation ☐ Simple Assault ☐ Larceny/Theft ☐ Destruction/Damage/Vandalism of Property

INFORMATION ON THE OFFENSE/INCIDENT

Type of force used:

☐ None ☐ Intimidation ☐ Verbal
☐ Fear ☐ Physical ☐ Weapon: _____
☐ Other: _____

Was the victim either physically or emotionally injured in the incident? ☐ Yes ☐No ☐ Unknown

Was the offender physically injured in the incident? ☐Yes ☐No ☐Unknown

Please describe the incident *(if additional space is needed, please attach to this report form)*:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Was this incident motivated by bias toward the real or perceived status of the victim, or by bias toward a specific group of people?

☐Yes ☐No

Bias/hate based upon:

☐ Race ☐ Sexual Orientation ☐ Ethnicity
☐ Disability ☐ Religion ☐ Immigration status
☐ Gender ☐ National Origin ☐ Gender Identity

Form of hate/bias:

☐ Mail ☐ Vandalism ☐ E-mail
☐ Home ☐ Telephone ☐ Vehicle
☐ Verbal ☐ Graffiti (describe): _____
☐ Other: _____

INFORMATION ON OFFENDERS

Number of offenders *(if multiple offenders, complete this section on additional forms for each offender and attach)*:

Gender: ☐ Male ☐ Female ☐ Transgender Age: _____

Name(s) *(if known)*: _____

Affiliation to UCSB *(if known)*:

☐ Undergrad student ☐ Staff ☐ Grad student
☐ Non-affiliated ☐ Faculty ☐ Other: _____

Residence *(if known)*:

☐ UCSB Residence Hall ☐ Off-campus ☐ Fraternity/Sorority ☐ Other: _____

Race/Ethnicity *(if known)*:

☐ African American/Black ☐ Native American ☐ Asian
☐ White ☐ East Indian ☐ Chicano/Latino
☐ Bi-racial ☐ Multi-racial ☐ Other: _____

Height: _____ **Weight:** _____ **Build:** _____ **Complexion:** _____

Eye Color:

☐ Brown ☐ Blue ☐ Green
☐ Hazel ☐ Other: _____

Hair:

☐ Bald ☐ Straight ☐ Clean shaven
☐ Black ☐ Wavy/Curly ☐ Unshaven
☐ Blond ☐ Ponytail ☐ Mustache
☐ Brown ☐ Unkempt ☐ Beard
☐ Red ☐ Other: _____ ☐ Goatee
☐ Other: _____ _____ ☐ Other: _____

Marks, Scars, Tattoos, etc.: _____

Clothing: _____

Speech: _____

Offender's relationship to the victim/survivor:

☐ Stranger ☐ Spouse ☐ Acquaintance
☐ Ex-spouse ☐ Friend ☐ Partner/Lover
☐ Co-worker ☐ Ex-partner/Lover ☐ Faculty/T.A.
☐ Other: _____

Was the offender using alcohol and/or other drugs at the time?

☐ Yes (Alcohol) ☐ Yes (Other Drug) ☐ No ☐ Unknown

INFORMATION ON VICTIM/SURVIVOR

Name *(if the individual does not want to remain anonymous)*: _____

Gender: ☐ Male ☐ Female ☐ Trans* Age: _____

Affiliation to UCSB *(if known)*:

☐ Undergrad student ☐ Staff ☐ Grad student
☐ Non-affiliated ☐ Faculty ☐ Other: _____

Residence:

☐ UCSB Residence Hall ☐ Off-campus ☐ Fraternity/Sorority ☐ Other: _____

Race/Ethnicity *(voluntary)*:

☐ African American/Black ☐ Native American ☐ Asian
☐ White ☐ East Indian ☐ Chicano/Latino
☐ Bi-racial ☐ Multi-racial ☐ Other: _____

Sexual orientation *(voluntary)*: _____

Referrals made: _____

_____

_____

Comments:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Comments (continued):

Form completed by:

Name

Department **Date**