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.


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](http://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
- Ombuds
- Labor Relations
- Title IX Office
- Police
- Housing/Res. Life
- EOP
- Women’s Center
- Athletics
- Academic Advisor

Date of Incident: ______________ Time of Offense/Incident: ______________ Date of Report: ______________

Type of Offense/Incident:
- Murder
- Robbery
- Arson
- Incest
- Domestic Violence
- Manslaughter
- Burglary
- Rape
- Fondling
- Stalking
- Aggravated Assault
- Motor Vehicle Theft
- Statutory Rape
- Dating Violence
- 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):

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
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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): ___________________________
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: ______________________________________________________________________________

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Comments:

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UCSB Crime & Incident Report Form

Comments (continued):

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Form completed by:

___________________________________________          ________________________________________

Name

___________________________________________          ________________________________________

Department          Date