UNIVERSITY OF CALIFORNIA, SANTA BARBARA

Crime & Incident Report Form

This form is for the reporting of any criminal offense or bias-motivated (hate) incidents to the UCSB Police Department for inclusion in the annual Clery report. It assists with the compilation of statistical data for offenses/incidents that occur on UCSB property. Completing this form will not result in an investigation.

To report a Clery Crime at UCSB:
• For emergencies & crimes in progress, call 9-1-1
• Fill out this Campus Security Authority Crime & Incident Report form
• Send form immediately to UCSB Police Department, Records Supervisor, Mail Code: 1010 or email to records@police.ucsb.edu or fax to 805-893-8569

Need Assistance?
• Lt. Mark Signa, UCPD: 805-893-3675, or Marisa Huston: 805-893-2324
• Visit the CSA PowerPoint Training 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

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 Offense/Incident: ___________________ Time of Offense/Incident: ________________

Type of Offense/Incident:
☐ Murder    ☐ Manslaughter    ☐ Aggravated Assault
☐ Robbery    ☐ Burglary    ☐ Motor Vehicle Theft
☐ Arson    ☐ Domestic Violence    ☐ Dating Violence
☐ Stalking    ☐ Other: ____________________________________________________________

Sex offenses: ☐ Rape    ☐ Statutory Rape    ☐ Incest    ☐ Fondling

Other Crimes: ☐ 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
- Disability
- Gender
- Sexual Orientation
- Religion
- National Origin
- Ethnicity
- Immigration status
- Gender Identity

Form of hate/bias:
- Mail
- Home
- Verbal
- Vandalism
- Telephone
- 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       □ Transgender

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: ______________________________________________________________

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Comments (continued):

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Form completed by:

Name

Department ___________________________ Date ___________________________