



CSA Report Form

Please use the electronic reporting form at: www.police.ucsb.edu/csareport.

The CSA Report Form (paper or electronic) 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

- | | | |
|---|--|---|
| <input type="checkbox"/> Dean of Students | <input type="checkbox"/> Police | <input type="checkbox"/> Women's Center |
| <input type="checkbox"/> Ombuds | <input type="checkbox"/> Housing/Res. Life | <input type="checkbox"/> Athletics |
| <input type="checkbox"/> Labor Relations | <input type="checkbox"/> EOP | <input type="checkbox"/> Academic Advisor |
| <input type="checkbox"/> Title IX Office | <input type="checkbox"/> Other: _____ | |

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

Type of Offense/Incident:

- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> Murder | <input type="checkbox"/> Manslaughter | <input type="checkbox"/> Aggravated Assault |
| <input type="checkbox"/> Robbery | <input type="checkbox"/> Burglary | <input type="checkbox"/> Motor Vehicle Theft |
| <input type="checkbox"/> Arson | <input type="checkbox"/> Rape | <input type="checkbox"/> Statutory Rape |
| <input type="checkbox"/> Incest | <input type="checkbox"/> Fondling | <input type="checkbox"/> Dating Violence |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Stalking | <input type="checkbox"/> 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
- Disability
- Gender
- Sexual Orientation
- Religion
- National Origin
- Ethnicity
- Immigration status
- Gender Identity

Form of hate/bias:

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

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

Residence (if known):

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

Race/Ethnicity (if known):

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

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

Eye Color:

- Brown
- Hazel
- Blue
- Other: _____
- Green

Hair:

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

Marks, Scars, Tattoos, etc.: _____

Clothing: _____

Speech: _____

Offender's relationship to the victim/survivor:

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

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

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

Comments (continued):

Form completed by:

Department

Date