Crime Incident Report Form for Campus Security Authorities

This form should be completed by those individuals identified as "campus security authorities" who are required to report information they receive about specified crimes pursuant to the federal *Clery Act*. The information collected from these forms will be used to prepare a compilation of statistical crime information that will be included in the University's Annual Security Report.

It is the policy of Eastern Michigan University to ensure that victims and witnesses to crime are aware of their right to report criminal acts to the police, and to report University policy violations to the appropriate office (e.g., student conduct violations to the Office of Student Judicial Affairs). However, if a reporting person requests anonymity, this request must be honored to the extent permitted by law. Accordingly, no information should be included on this form that would personally identify the victim without his/her consent.

The Department of Public Safety will use this form to determine the category of crime and location under which the crime should be reported according to the requirements of the *Clery Act*. Please forward this completed form to the Director of Public Safety, 1200 Oakwood St., Ypsilanti, MI 48197.

Person (CSA) Receiving Report: _____

CSA's Contact Phone Number: _____ EMU Dept/Group:_____

Reported to the above CSA on: (Date) _____ (Time) _____

Report Made by:

_____ Victim Name Optional: _____

_____ Third Party, Please identify relationship to victim: _____

Date & Time Incident Occurred: _____

Description of the Incident or Crime, include witness(s) and location when possible:

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