

# CAPITOL TECHNOLOGY UNIVERSITY

## Report of Crime Form

This form is intended to allow victims and witnesses to report crimes for inclusion in the university's annual security report. The university will investigate every report however without identifying information for the report the investigation is expected to be substantially impeded. If you wish to make a report to support the investigations of this matter please contact the dean of student life and retention or the director of student life and residential services.

Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Date of Crime: \_\_\_\_\_ Approximate Time of Crime: \_\_\_\_\_  
Date of Report: \_\_\_\_\_

What type of crime are you reporting? To the best of your ability select one of the following.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Arson                                    | <input type="checkbox"/> Intimidation                     | <input type="checkbox"/> Sex offense – nonforcible statutory rape |
| <input type="checkbox"/> Motor vehicle theft                      | <input type="checkbox"/> Stalking                         | <input type="checkbox"/> Murder/Non-negligent manslaughter        |
| <input type="checkbox"/> Simple Assault                           | <input type="checkbox"/> Dating Violence                  | <input type="checkbox"/> Negligent manslaughter                   |
| <input type="checkbox"/> Aggravated Assault                       | <input type="checkbox"/> Domestic Violence                | <input type="checkbox"/> OTHER:                                   |
| <input type="checkbox"/> Larceny-theft                            | <input type="checkbox"/> Sex offense –forcible Rape       |   |
| <input type="checkbox"/> Robbery                                  | <input type="checkbox"/> Sex offense –forcible Fondling   |   |
| <input type="checkbox"/> Burglary                                 | <input type="checkbox"/> Sex offense – nonforcible incest |   |
| <input type="checkbox"/> Destruction/damage/vandalism of property |   |   |

Where did the crime occur? \_\_\_\_\_

Please select the location category most appropriate:

- |  |   |
|--|---|
| <input type="checkbox"/> In campus residence halls | <input type="checkbox"/> In a campus academic building              |
| <input type="checkbox"/> Outside on campus         | <input type="checkbox"/> In off campus university sponsored housing |

Would you describe the incident as a hate crime? Yes or no

1. DESCRIPTION OF THE Crime (you may add a page or continue on the back as needed):

2. CIRCUMSTANCES of the Crime (witness, lighting, traffic) (you may add a page or continue on the back as needed):

Please bring this report to the Office of Student Life.