

CSA CRIME INCIDENT REPORT FORM

Scottsdale Community College - 9000 E. Chaparral Rd, Scottsdale AZ 85256

This form should be completed by those individuals identified as "Campus Security Authorities" who are required to report information they receive about specified crimes (described below) pursuant to the federal Clery Act. The information collected from these forms will be used to prepare a compilation of statistical information that will be included in the campus Annual Security Report. It is the policy of the MCCCCD Department of Public Safety to ensure that victims and witnesses to crime are aware of their right to report criminal acts to the police. 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.

Campus police 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: Police Commander at the SCC Public Safety Office.

Campus Security Authority Completing Report:

Your Name: _____ Phone Number: _____

Report Made by:

Victim

Victim's Name (with victim consent): _____

Type of Incident being reported:

Murder

Sexual Offence Forcible

Sex Offense Non-Forcible

Aggravated Assault

Burglary

Robbery

Motor Vehicle Theft

Arson

Weapons Law Violation

Liquor Law Violation

Drug Law Violation

Weapons Law Referral

Liquor Law Referral

Drug Law Referral

Date and Time Incident Occurred: _____

Description of the Incident/Crime:



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