

Crime Incident Report

This form should be completed by individuals identified as “campus security authorities” who are required to report information they receive about 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 campus’ Annual Security Report. It is the policy of Salem State university to ensure that victims and witnesses 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 student life office). However, if a reporting person requests anonymity, this request must be honored to the extent permitted by law. If the person reporting this crime to you does not wish to be personally identified, please complete the form to the best of your ability without identifying that person. Salem State 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. If the Salem State police are contacted, your reporting requirement is met and this form does NOT need to be completed.

If the person reporting this to you is willing to speak directly with the Salem State police, call immediately at 978.542.6111. An officer will be dispatched to assist you.

Return this completed form to the Salem State University Police Department

- **Mail**
Salem State University Police Dept.
c/o Captain Richard Riggs
352 Lafayette Street
Salem, MA 01970
- **Fax**
978.542.6206
- **Emergency**
978.542.6111
- **Business**
978.542.6511
- **Email**
police@salemstate.edu
- **Online**
salemstate.edu/police

Section 1: Campus Security Authority – Please identify yourself and the person reporting this to you.		
Identify yourself here	Identify the person reporting here	
Name: _____	<input type="checkbox"/> Person does not wish to be identified	<input type="checkbox"/> Victim
Title: _____	Name: _____	<input type="checkbox"/> Witness
Department: _____	Address: _____	<input type="checkbox"/> Other: (please explain)
Phone: _____	Phone: _____	_____
Email: _____	Email: _____	_____
Section 2: Location of incident – please be specific as possible		
<ul style="list-style-type: none"> • If incident occurred inside of building, identify the address, building name, floor and room number • If incident occurs outside, describe the nearest street address or intersection, whether on the street, sidewalk, park or inside a vehicle. be as specific as possible, include any nearby landmarks 		
Address: _____	<input type="checkbox"/> Occurred inside <ul style="list-style-type: none"> <input type="checkbox"/> Residence Hall <input type="checkbox"/> Academic building <input type="checkbox"/> Athletic building <input type="checkbox"/> other building 	
Building name, floor, unit #: _____	<input type="checkbox"/> Occurred outside <ul style="list-style-type: none"> <input type="checkbox"/> Street <input type="checkbox"/> Sidewalk <input type="checkbox"/> Park <input type="checkbox"/> Vehicle or Transit system 	
City / State: _____		
Further description: _____		

