Date of Incident:_________________________   Approximate Time:

Describe the Incident and All Parties Involved:

What Action was Taken?

Name of person reporting the crime (Signature if possible)   Date

Dean of Students   Date

PLEASE COMPLETE THIS FORM AND RETURN TO THE DEAN OF STUDENTS OFFICE AS SOON AS POSSIBLE.

The following information is to be completed by the Dean of Students.

This reported crime classified as:

**Violent Crime**
- Murder: ___
- Rape: ___
- Robbery: ___
- Aggravated Assault: ___

**Nonviolent Crime**
- Burglary: ___
- Motor Vehicle: ___
- Theft: ___
- Liquor Laws: ___
- Drug Abuse: ___
- Weapons Possession: ___
- Please note if the individual was Arrested: ___