

Rochester Institute of Technology

Crime Statistic Report Form

If no crimes were reported to you in this calendar year, please check the box below, print your name and initial. This form is being used to document that you have received this reporting form and that no crimes were reported to you for the previous reporting cycle.

Year:

Reporting Person (print name): \_\_\_\_\_

Department: \_\_\_\_\_

**Please do not count crimes that have previously been reported to Public Safety. By placing a ✓ on this line, you are confirming that no crimes, as described below, were reported to you during the requested calendar year: \_\_\_\_\_**

Initial here: \_\_\_\_\_

Complete this box if a crime was reported to you. If more than one crime was reported to you, fill out these forms for each crime reported.

Reporting Person (print name):

Phone Number:

Classification (see definition below):

Date Incident Occurred:

Location of Incident (building name or address):

Brief description of incident:

Check the appropriate answer to the following questions:

Did the crime occur in a building or on the street?

Building:

Street:

Did the crime occur on RIT owned, controlled or leased property?

Yes:

No:

Did the crime occur at an RIT sponsored activity or event?

Yes:

No:

If a hate (bias) related crime was reported to you, please fill out the top section then select the type of bias:

Type of Bias: Race   Gender   National Origin   Religion Ethnicity   SexualOrientation   Disability   Gender Identity

Signature:

**\*\*\* Please insert any additional pages of documentation as necessary.**

**To your knowledge, was this crime or event ever reported to law enforcement, and if so, which law enforcement agency?** \_\_\_\_\_

Crime reported by: \_\_\_\_\_ Victim          \_\_\_\_\_ Third Party

If third party, please identify relationship to victim: \_\_\_\_\_

Date and time the incident occurred: \_\_\_\_\_

Description of the incident or crime: \_\_\_\_\_

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## LOCATION OF INCIDENT

Identify building name, address, etc. (be as specific as possible): \_\_\_\_\_

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The location where this incident occurred was:

- \_\_\_\_\_ On campus, but not in student housing  
\_\_\_\_\_ On campus student housing  
\_\_\_\_\_ Non-campus (UCSF owned or leased property not located on one of the major campuses)  
\_\_\_\_\_ Off campus affiliated property (owned, controlled, or affiliated with the campus; e.g., leased property, fraternity, student co-op)  
\_\_\_\_\_ Off-campus public property immediately adjacent to campus  
\_\_\_\_\_ Off-campus, NOT affiliated with or not adjacent to campus  
\_\_\_\_\_ Unknown

## SEX OFFENSES

*Examples of sex offenses are rape, fondling, incest, and statutory rape; and may also be classified as dating or domestic violence.*

Was this crime a sexual offense? \_\_\_\_\_ Yes \_\_\_\_\_ No

Was the crime committed forcibly and/or against the victim's will? \_\_\_\_\_ Yes \_\_\_\_\_ No

Was the victim incapable of giving consent because of his/her youth or because of his/her temporary or permanent mental or physical incapacity?

If yes, was either the victim or the assailant under the influence of alcohol or drugs?

Victim: \_\_\_\_\_ No Yes, alcohol \_\_\_\_\_ Yes, drugs \_\_\_\_\_  
Assailant: \_\_\_\_\_ No Yes, alcohol \_\_\_\_\_ Yes, drugs \_\_\_\_\_

Were the individuals in a romantic, dating or intimate relationship? \_\_\_\_\_ Yes \_\_\_\_\_ No

Were the individuals spouses, former spouses, cohabitants or former cohabitants? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do the individuals have a child together? \_\_\_\_\_ Yes \_\_\_\_\_ No

Describe: \_\_\_\_\_

## HATE CRIMES

*Hate crime information is required to be reported for each of the following crimes (criminal homicide, sex offense, robbery, aggravated assault, burglary, motor vehicle theft, arson, domestic violence, dating violence, stalking, larceny-theft, simple assault, vandalism, intimidation) and for any other crime involving bodily injury.*

Is there evidence that this incident was motivated by hate or bias? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, identify the category of prejudice (check all that apply):

Race                       Ethnicity                       National Origin  
 Religion                       Disability                       Sexual Orientation

If yes, provide a brief explanation of the determination: \_\_\_\_\_  
\_\_\_\_\_

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**ALCOHOL, DRUG AND WEAPONS LAW ARRESTS**

*Check all that apply and list the specific offense(s) and number of individuals arrested:*

Alcohol                       Drugs                       Weapons                      Describe: \_\_\_\_\_

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**ALCOHOL, DRUG AND WEAPONS LAW DISCIPLINARY REFERRALS**

*Check all that apply and describe the referral/outcome for campus disciplinary action to a RIT institution/school:*

Alcohol                       Drugs                       Weapons                      Describe: \_\_\_\_\_  
\_\_\_\_\_

**UNIVERSITY ALCOHOL AND DRUG POLICY VIOLATIONS**

Number of individuals referred to campus officials for university **alcohol** policy violations: \_\_\_\_\_

Describe violation: \_\_\_\_\_

Describe sanction: \_\_\_\_\_

Number of individuals referred to campus officials for university **drug** policy violations: \_\_\_\_\_

Describe violation: \_\_\_\_\_

Describe sanction: \_\_\_\_\_