RCC CRIME REPORTING FORM

Name and title of person completing form: ________________________________

Department/Office: __________________________ Date: ______________________

Phone: __________________________ Signature: __________________________

Name and title of person to whom incident was reported: ________________________________

Date and time incident occurred: ________________________________

Date and time incident was reported: ________________________________

Location of incident: (On or off Campus; name of building; street address; room number; etc.)

NOTE: Specifics may be omitted when the report is made confidentially, and may jeopardize victim/witness confidentiality.

____________________________________________________________________________

Description of incident: (Information that may reveal identities of victims/witness is not required)

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Please answer the following questions about the incident:

- Was alcohol involved? Y: _____ N: _____

- Was a drug involved? (If so, specify type) Y: _____ N: _____
- Was a weapon involved? (If so, specify type)  Y: _____  N: _____

- Is there evidence that the offense was motivated by bias/hate? (If so, please explain in detail the type and nature of the bias)


Offender(s) Demographics:
Race: __________  Age:(range) __________  Height/Weight: ______________

Affiliations: __________________________ (IE. faculty, staff, student, visitor, alumni, etc.)

Scar/tattoos: ______________________________

Other Identifiers: ________________________________

Resolution of incident/action taken: (If any)


- Has this incident been reported to any law enforcement official? If Yes, to whom and when?

- Has this incident been reported to any other University official? If Yes, to whom and when?

Victim/survivor information:


ADDITIONAL COMMENTS: (use reverse side if extra space is needed)


This form can be emailed to Director of Facilities & Public Safety at owalker@rcc.mass.edu to ensure timely reporting and notification of law enforcement.

PLEASE RETURN COMPLETED ‘ORIGINALS’ IN A SEALED ENVELOPE MARKED “CONFIDENTIAL” TO:
Oscar Walker
Interim Director of Public Safety
Roxbury Community College
1234 Columbus Avenue
Roxbury Crossing, MA 02120-3400