Campus Security Authority Clery Offense Report

1. Date of Incident: __________________ Location of Incident: __________________________________________

2. Is this incident a Clery Act crime?
   - **NO:** (Form Completed)
   - **YES:**
     - Murder, Negligent Manslaughter, and Non-Negligent Manslaughter
     - Sexual Assault (rape, fondling, incest, and statutory rape)
     - Robbery
     - Aggravated Assault
     - Burglary
     - Motor Vehicle Theft (includes mopeds and golf carts)
     - Arson
     - Hate Crimes (includes any harassment, theft, vandalism, or violence based on race, religion, sexual orientation, gender, gender identity, ethnicity, national origin, and disability)
     - VAWA Offense (dating violence, domestic violence, and stalking)
     - Arrest and/or Judicial Referral for Drug, Liquor, or Weapon Violation

3. Description of Incident: __________________________________________
   __________________________________________
   __________________________________________

4. Did the Clery Act crime occur in a Clery geographic location?
   - No – No need to proceed further
   - Yes - On Campus (Includes Vinings Apts)
   - Yes - Public Property Immediately Adjacent to Campus
   - Yes - Non-Campus Location Owned/Controlled by University

5. Does the Complainant want to report this to Law Enforcement?
   - No
   - Yes - Complainant Name and Phone Number: __________________________________________

6. **TIMELY WARNING DETERMINATION:** Does this Clery Act crime represent a serious or continuing threat to students or employees?
   - Yes: Date/time Timely Warning was issued or Chief of Police was notified: __________________
     *(ATTACH COPY/CONTENT OF TIMELY WARNING)*
   - No: Reason Timely Warning Not Issued:
     - Crime does not constitute a serious or continuing threat to campus community
     - Suspect in Custody
     - Isolated Incident with No Pattern
     - Crime Targeted Specific Individual
     - Other __________________________________________
     __________________________________________
     __________________________________________

Report completed by:_____________________________ Date: __________________