

**CRIME REPORTING FORM**

Name & Title of person completing this form: \_\_\_\_\_

Department / Office: \_\_\_\_\_

Date / Time \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature:  
\_\_\_\_\_

Name and Title of person to whom the incident was reported: \_\_\_\_\_

Date / Time Incident Occurred: \_\_\_\_\_

Date / Time Incident Reported: \_\_\_\_\_

Location of the Incident: (On or off Campus; Name of Building; Street Address; Room Number; etc.): \_\_\_\_\_

Note: *Specific details may be omitted when the report is made confidentially, and may jeopardize the victim / witness confidentiality.*

Does the Victim wish to remain anonymous?: \_\_\_\_\_ Yes \_\_\_\_\_ No

Is this a Confidential Report pursuant to the Clery Act?: \_\_\_\_\_ Yes \_\_\_\_\_ No

Description of the Incident:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please answer the following questions about the Incident:

Did the incident involve a sexual assault or sexual misconduct? \_\_\_\_ Yes \_\_\_\_ No

Was Alcohol Involved? \_\_\_\_ Yes \_\_\_\_ No

Was a Drug Involved? \_\_\_\_ Yes \_\_\_\_ No

Was a Weapon Involved? \_\_\_\_ Yes \_\_\_\_ No; if so type of weapon \_\_\_\_\_

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

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Offender(s) Demographics:

Race: \_\_\_\_\_ Age: \_\_\_\_\_ Height / Weight: \_\_\_\_\_

Affiliations (Ex. Faculty, Staff, Student, Visitor, Alumni, etc.): \_\_\_\_\_

Scar / Tattoos: \_\_\_\_\_

Other Identifiers: \_\_\_\_\_

Resolution of Incident / Action Taken: (If Any) \_\_\_\_\_

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

- \_\_\_\_\_

- Has this Incident been reported to any other RCC College Official? Any other college Official?

- If yes, to whom and when? \_\_\_\_\_

Victim Information: \_\_\_\_\_

Witness Information: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

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This form can be emailed directly to **Roxbury Community College Public Safety Department** at:  
[safety@rcc.mass.edu](mailto:safety@rcc.mass.edu)

**OR, you may return completed originals in a sealed envelope marked  
'Confidential' to:**

**Director of RCC Public Safety**

**Roxbury Community College Public Safety, 1234 Columbus Avenue, Roxbury Crossing, MA 02120-3400**