

MERCY COLLEGE

Campus Security Authority (CSA) Reporting Form

The Campus Security Authority (CSA) is to document as much of the requested information on the form, excluding identify if confidentiality is requested, as s/he knows. The awareness can come from a direct report from a student or staff member or from a third party. Campus Safety will use the submitted information to verify the appropriate classification of the crime.

For incidents requiring an immediate response, contact Campus Safety, 914 674-7225. Otherwise, please submit this form to the Campus Safety Department office located in Main Hall in room #234 or via email at Safety@mercy.edu, as **soon as possible, but no later than the next business day after the incident was reported to you.**

Date of report: _____ Date the incident occurred (mm/dd/yyyy): _____

Name of campus security authority: _____

Department and contact number _____

If multiple incidents were reported or if the date the incident occurred is unknown, please note below:

Reporting Person Contact Information

Reported By: The Victim A Third Party

First Name: _____ Last Name: _____

Phone Number: _____ E-mail Address: _____

If a third party (e.g. *roommate, friend, parent*) reported the crime to you, please enter the relationship of the third party to the victim: _____

Agency Notified

If, to your knowledge, a law enforcement agency was notified, please enter the name of that agency.

Agency: _____

Does the victim want the incident reported to law enforcement? Yes No

Incident Information

Location of incident: *building name, street address, office number:* (see location details, below)

Time of incident (*if known*): _____

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Incident description *(Please provide specific, detailed information; can attach additional document if necessary.)*

Incident category:	<i>(Incident Definitions are available in the Chabot College Annual Security Report)</i>		
Homicide	<input type="checkbox"/>	Burglary	<input type="checkbox"/>
Sex Offense	<input type="checkbox"/>	Robbery	<input type="checkbox"/>
Aggravated Assault	<input type="checkbox"/>	Arson	<input type="checkbox"/>
Motor Vehicle Theft			<input type="checkbox"/>
Dating Violence	<input type="checkbox"/>	Domestic Violence	<input type="checkbox"/>
Stalking	<input type="checkbox"/>	Hate Crime <i>Please see below for additional information.</i>	<input type="checkbox"/>
Arrest for Liquor Law Violation	<input type="checkbox"/>	Referral for Liquor Law Violation	<input type="checkbox"/>
Arrest for Drug Law Violation	<input type="checkbox"/>	Referral for Drug Law Violation	<input type="checkbox"/>
Arrest for Weapons Law Violation	<input type="checkbox"/>	Referral for Weapons Law Violation	<input type="checkbox"/>
Other Crime Category	<i>If the crime was not listed above, please enter the additional crime category: _____</i>		

Is there any evidence that this crime was motivated by bias? Yes No

If yes, please choose any/all categories of bias that apply.

- Race Ethnicity Disability Gender Identity
 Gender Religion National Origin Sexual Orientation

If you answered “yes” to the Motivated by Bias question, please provide a brief summary of the evidence supporting a bias motivation:

Location details

What best describes the location of the crime? *(If the crime occurred in multiple places, check all that apply. Please see the attached for further explanation as to the geography.)*

- On campus
 Public property immediately adjacent to campus
 Non-campus in a University owned leased, or controlled space (off-campus classroom)
 Unknown location, other
 I do not know which category this location would fall under.