



Crime Incident Report Form

This form should be completed by GTU staff, faculty or administrators. These individuals are required to report information they receive about crimes pursuant to the federal Clery Act. It is the policy of the GTU to encourage victims and/or witnesses to crimes to report such crimes to the Berkeley police department and to a GTU administrator. If a person reporting a crime to you requests anonymity, this request must be honored to the extent permitted by law. If the person reporting this crime to you does not wish to be identified, please complete this form to the best of your ability without identifying that person.

If the person reporting this to you is willing to speak directly with the police, call the Berkeley police department at 510-981-5900. If this is an emergency, call 911

Return this completed form to the Chief Operating Officer, Graduate Theological Union, 2400 Ridge Rd., Berkeley, CA 94709. Email jpace@gtu.edu. Phone 510-649-2433. Fax 510-649-1417.

Section 1 - Campus Security Authority - Please identify yourself and the person reporting this to you. (identify yourself here) (identify person reporting here) Name: Title: Dept: Phone: Email: Person does not wish to be identified Name: Address: Phone: Email: Victim Witness Other: (please explain) Section 2 - Location of incident - please be as specific as possible. If incident occurred inside a building or parking structure, identify the address, building name, floor, and room number. If incident occurred outside, describe the nearest street address or intersection, whether on the street, sidewalk, park, or inside a vehicle. Be as specific as possible, include any nearby landmarks. Address: Building name, floor, unit # City / State: Further description: Occurred inside Student Housing Academic building Parking structure Other building Occurred outside Street Sidewalk Park Vehicle or Transit system Page 1 of 2

**Section 3 - Description of incident - As clearly as possible, describe the incident as reported to you.**

- Describe how, when and where the incident occurred.
- Describe the nature of the injury to the
- Describe how and when the incident was reported to you
- Check the boxes that apply to this

To the best of your ability, indicate which of the following apply to this incident

- |  |   |                               |   |                                 |  |  |                                    |                                   |  |  |                                     |
|--|---|-------------------------------|---|---------------------------------|--|--|------------------------------------|-----------------------------------|--|--|-------------------------------------|
| <input type="checkbox"/> Murder and Non-Negligent Manslaughter<br><input type="checkbox"/> Negligent Manslaughter<br><input type="checkbox"/> Forcible Sex Offenses<br><br><input type="checkbox"/> Non-Forcible Sex Offenses<br><input type="checkbox"/> Robbery<br><input type="checkbox"/> Aggravated Assault<br><input type="checkbox"/> Burglary<br><input type="checkbox"/> Motor Vehicle Theft<br><input type="checkbox"/> Domestic Violence<br><input type="checkbox"/> Dating Violence<br><br><input type="checkbox"/> Stalking | <input type="checkbox"/> Alcohol, Drug, or Weapons violation in which the person was either: <ul style="list-style-type: none"> <li><input type="checkbox"/> Summoned, cited, or arrested by police <u>or</u></li> <li><input type="checkbox"/> Referred for internal GTU proceedings</li> </ul> <input type="checkbox"/> Hate Crime – any crime committed with a bias toward the victim’s <table border="0" style="margin-left: 20px;"> <tr> <td><input type="checkbox"/> Race</td> <td><input type="checkbox"/> Sexual Orientation</td> </tr> <tr> <td><input type="checkbox"/> Gender</td> <td><input type="checkbox"/> Gender Identity</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Ethnicity</td> </tr> <tr> <td><input type="checkbox"/> Religion</td> <td><input type="checkbox"/> National Origin</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Disability</td> </tr> </table> | <input type="checkbox"/> Race | <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Gender | <input type="checkbox"/> Gender Identity |  | <input type="checkbox"/> Ethnicity | <input type="checkbox"/> Religion | <input type="checkbox"/> National Origin |  | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Race  | <input type="checkbox"/> Sexual Orientation   |                               |   |                                 |  |  |                                    |                                   |  |  |                                     |
| <input type="checkbox"/> Gender  | <input type="checkbox"/> Gender Identity  |                               |   |                                 |  |  |                                    |                                   |  |  |                                     |
|  | <input type="checkbox"/> Ethnicity  |                               |   |                                 |  |  |                                    |                                   |  |  |                                     |
| <input type="checkbox"/> Religion  | <input type="checkbox"/> National Origin  |                               |   |                                 |  |  |                                    |                                   |  |  |                                     |
|  | <input type="checkbox"/> Disability   |                               |   |                                 |  |  |                                    |                                   |  |  |                                     |

**Narrative**

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**Please attached additional sheets or typed pages – take as much space as you need.**