

# Wofford College

## CAMPUS SECURITY AUTHORITY CRIME REPORT FORM

Please forward this completed form to: Randy Hall, director of Campus Safety, [halljr@wofford.edu](mailto:halljr@wofford.edu).

**For incidents requiring an immediate response, contact Wofford College Campus Safety at 864-597-4911 or 911 (City of Spartanburg)**

Complete this box if a crime was reported to you that may correspond to one of the crimes defined on this form. If more than one crime was reported to you, fill out one form for each crime reported. CSA crime reports should include personally identifying information, if available. This is important for law enforcement purposes and to avoid double counting crimes. If a victim doesn't want the report to go any further than the CSA, you should explain that you are required to submit the report for statistical purposes, but it can be submitted without identifying the victim.

Reporting Person (print name): \_\_\_\_\_

Department: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date Incident Occurred: \_\_\_\_\_

Time of Incident: \_\_\_\_\_

Name(s) of Accused (if known) \_\_\_\_\_  
\_\_\_\_\_

Victim Name: (unless confidentiality has been requested): \_\_\_\_\_  
\_\_\_\_\_

Location of Incident (building name or address): \_\_\_\_\_  
\_\_\_\_\_

Brief description of the incident: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If a hate (bias) related crime was reported to you, please **fill out the top section and then complete the following information** about the type of bias involved in the crime.

**Type of Bias (circle one):**

Race	Religion	Ethnicity	National Origin
Gender	Sexual Orientation	Disability	Gender Identity