



DEPARTMENT OF CAMPUS SAFETY

CONFIDENTIAL INCIDENT REPORT FORM

This form should be completed by the faculty, staff or Residence Life member to whom the report is made. This information will be forwarded to the Director of Campus Safety and will be kept confidential unless follow-up is requested. A victim/witness may choose to come forward after an initial confidential report is made to file a formal report with the Department of Campus Safety and/or the Rindge Police. Please complete as much information as possible and forward to the Director of Campus Safety, marked as "Confidential", as soon as possible.

Name of reporter: _____ Dept.: _____ Tel. #: _____

INCIDENT INFORMATION

Was the incident reported to another department or individual on/off campus? Yes ____ No ____

If yes, which department or individual? _____ (To avoid double reporting)

Type of Incident: _____

Date occurred: _____ Time occurred: _____

Location of Incident:

On-campus: Yes ____ No ____ Address/Building _____ Room # _____

Off-campus ____ Location _____

Bias motivated: Yes ____ No ____

Classification: Race _____ Gender _____ Ethnicity _____

Sexual orientation _____ Religion _____ Disability _____

SUSPECT INFORMATION

(attach additional sheets if multiple suspects are involved)

Name: _____ DOB: _____

Address: _____

_____ Tel. #/voice mail #: _____

Physical Description:

Male ___ Female ___ Age ___ Height ___ Weight ___ Build ___ Race ___

Eye Color _____ Hair Color _____ Hair Style _____

Scars, marks, tattoos and location: _____

Accent or other speech description: _____

Other information: _____

COMPLAINT INFORMATION

Male ___ Female ___ Age ___ Height: ___ Victim: ___ Witness: ___

FPU Status: Student ___ Alumni ___ Staff ___ Faculty ___ Visitor ___

Unknown ___ Student-other college ___

Does the victim wish to follow-up this report? Yes ___ No ___

Does the victim want to notify the Rindge Police Department? Yes ___ No ___

