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 ________
Victim physically injured: Yes ____ No ____ Describe injuries below:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Victim treated at a medical facility? Yes ____ No ____ Name of facility __________________________

Weapon: Yes ____ No ____ Type __________________________

Please describe incident (attach additional sheets, if needed):

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
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 ____
REPORT INFORMATION

Date occurred: ________________  Time occurred: ________________

Location report made: __________________________________________________________

Good faith report: Yes ____  No ____  Reporter’s comments:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Signature  ___________________________  Printed Name  ___________________________  Date  ____________