

## FORM FOR REPORTING INFORMATION Regarding CRIMINAL OFFENSES

All colleges are required to report statistics about the incidence of crime on their campuses. The information provided below will be used for that purpose.

If you <u>witness a crime, please call</u> Campus Safety immediately. You will be asked to provide the information requested below.

If you are <u>made aware of a crime after the fact, please call</u> Campus Safety immediately. You will be asked to complete the form below and return it to Campus Safety.

Reporting Person	ame of person completing form; <u>no</u> t the	Position	
Date that incident	ame of person completing form; <u>no</u> t the occurred	victim's name) Today's Date	
Classification of incident. Please consult "Part I and Part II Offenses" listings on the back of this form.) Brief description of incident:			
Location of incide	nt:		
Did the incident occur on Moravian College property? ( ) Yes ( ) No Did the incident occur in a building or on the street? ( ) Bldg ( ) Street Did the incident occur at a College-sponsored activity or event? ( ) Yes ( ) No Indicate area of occurrence: ( ) Campus ( ) Non-Campus ( ) Public Property ( ) Residential			
If you have information regarding the number of <b>perpetrators</b> , please write that number here Do you have any information about the identities of the perpetrators? ( ) Yes ( ) No Please supply any possible leads on perpetrators in the space below:			
	any similar, previous incidents in s ( ) No	volving the Moravian Campus or any Mo	oravian
If yes, how	v were they similar? ere they previously reported?	( ) Yes ( ) No If yes, to whom were they reported	  ?

PLEASE RETURN THIS FORM TO THE CAMPUS SAFETY OFFICE IN A SEALED ENVELOPE AS SOON AS POSSIBLE