

CAMPUS SECURITY AUTHORITY CRIME REPORT FORM

According to the Higher Education Act section 20 U.S.C. 1092(f), now known as the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act, St. Louis College of Pharmacy must collect certain campus crime statistics. This law applies to certain crimes reported to the Office of Public Safety, other campus officials and police.

The details of this report will not be made public. Only the number of crimes occurring will be released. Your name will not be released, and it is not required for the report, but it will help ensure the crime is not counted twice.

Reporting Department: _____ Date: _____

Name of Departmental Official Submitting This Form: _____

Phone: _____ Email: _____

Date of Crime: _____ Time of Occurrence: _____

LOCATION CLASSIFICATION:

On-campus Residence hall Off-campus Public property

Specific Location of Crime: _____

CRIME REPORTED:

<input type="checkbox"/> Murder	<input type="checkbox"/> Manslaughter	<input type="checkbox"/> Robbery
<input type="checkbox"/> Burglary	<input type="checkbox"/> Motor vehicle theft	<input type="checkbox"/> Aggravated assault
<input type="checkbox"/> Forcible sex offense	<input type="checkbox"/> Non-forcible sex offense	<input type="checkbox"/> Arson
<input type="checkbox"/> Liquor violation	<input type="checkbox"/> Drug violation	<input type="checkbox"/> Weapon violation

The following crimes only apply to hate crime reporting.

Hate Crime: Yes No

Simple assault Larceny Intimidation Vandalism

Hate Crime Based On:

Race Gender Religion
 Ethnicity Disability Sexual orientation

DISCIPLINARY REFERRAL REPORTED:

Liquor violation Drug violation Weapon violation

Department or Person Disciplinary Action Was Referred: _____

Number of Liquor/Drug/Weapon Violations: _____

RELATIONSHIP VIOLENCE REPORTED:

Dating violence Domestic violence Stalking

LAW ENFORCEMENT AGENCY OR AGENCIES THE INCIDENT HAS BEEN REPORTED TO:

Office of Public Safety St. Louis Metro Police None

Other: _____

Incident/Police Report Number: _____

Please give a brief description of the crime/incident to help us classify it: _____

Please submit this form to the Office of Public Safety, and keep a copy for your records. If you have questions about classifying a crime or a location, contact Scott Patterson, director of public safety, at scott.patterson@stlcp.edu or at 314.446.8382.