



## Campus Security Authority (CSA) Reporting Form

For incidents requiring an immediate response, contact TUPD, 1- 617-627-6911. Otherwise, please forward this completed form to: [pubsafinfo@tufts.edu](mailto:pubsafinfo@tufts.edu) as soon as possible but no later than the next business day after the incident was reported to you.

Date of report: \_\_\_\_\_ Date the incident occurred (mm/dd/yyyy): \_\_\_\_\_

Name of campus security authority: \_\_\_\_\_

Department and contact number \_\_\_\_\_

*If multiple incidents were reported or if the date the incident occurred is unknown, please note below:*

### Reporting Person Contact Information

Reported By: The Victim <input type="checkbox"/> A Third Party <input type="checkbox"/>	
First Name:	Last Name:
Phone Number:	E-mail Address:
If a third party (e.g. <i>roommate, friend, parent</i> ) reported the crime to you, please enter the relationship of the third party to the victim: _____	

### Agency Notified

*If, to your knowledge, a law enforcement agency was notified, please enter the name of that agency.*

Agency: \_\_\_\_\_

Does the victim want the incident reported to law enforcement? Yes  No

### Incident Information

Location of incident: <i>building name, street address, office number:</i> (see location details, below) _____
Time of incident ( <i>if known</i> ): _____
Incident description ( <i>Please provide specific, detailed information; can attach additional document if necessary.</i> )   

**Tufts University  
Campus Security Authority Reporting Form**

<b>Incident category:</b>	<i>(Incident Definitions are available in the Tufts Annual Security Report )</i>		
Homicide	<input type="checkbox"/>	Burglary	<input type="checkbox"/>
Sex Offense	<input type="checkbox"/>	Robbery	<input type="checkbox"/>
Aggravated Assault	<input type="checkbox"/>	Arson	<input type="checkbox"/>
Motor Vehicle Theft			<input type="checkbox"/>
Dating Violence	<input type="checkbox"/>	Domestic Violence	<input type="checkbox"/>
Stalking	<input type="checkbox"/>	Hate Crime <i>Please see below for additional information.</i>	<input type="checkbox"/>
Arrest for Liquor Law Violation	<input type="checkbox"/>	Referral for Liquor Law Violation	<input type="checkbox"/>
Arrest for Drug Law Violation	<input type="checkbox"/>	Referral for Drug Law Violation	<input type="checkbox"/>
Arrest for Weapons Law Violation	<input type="checkbox"/>	Referral for Weapons Law Violation	<input type="checkbox"/>
Other Crime Category	<i>If the crime was not listed above, please enter the additional crime category: _____</i>		

Is there any evidence that this crime was motivated by bias? Yes  No

If yes, please choose any/all categories of bias that apply.

- Race  Ethnicity  Disability  Gender Identity   
 Gender  Religion  National Origin  Sexual Orientation

If you answered “yes” to the Motivated by Bias question, please provide a brief summary of the evidence supporting a bias motivation:

**Location details**

What best describes the location of the crime? *(If the crime occurred in multiple places, check all that apply. Please see the attached for further explanation as to the geography.)*

- On campus, residence hall  
 On campus, not in a residence hall  
 Public property immediately adjacent to campus  
 Non-campus in a University owned leased, or controlled space (fraternity, sorority, off-campus classroom)  
 Unknown location, other  
 I do not know which category this location would fall under.