

California State University, Channel Islands

Campus Security Authority Jeanne Clery Act Statistics

Crime and Disciplinary Referral Report

According to the Higher Education Act, or 20 U. S.C. 1092 – now known as the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act, California State University, Channel Islands must collect and report certain campus crime statistics. This law applies to specific crimes reported to the police and other campus officials.

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. It is not required for the report, but it will help ensure the crime is not counted twice.

Date of incident: ____ / ____ / _____ Time of occurrence: _____ AM / PM

Location of crime: _____ Provide the building name, parking lot number, street name with cross streets or close address, or nearby buildings. Use a CSUCI campus map and circle location if necessary.

Location *Classification*: On-Campus Residence Hall Non-Campus Property Public Property

Crime being reported: Murder Manslaughter Robbery
 Burglary Motor vehicle theft Aggravated assault
 Forcible sex offense Non-forcible sex offense Arson

Disciplinary referrals: Liquor violation Drug violation Weapon violation

To whom disciplinary action was referred? _____ Phone #: _____
(PRINT FIRST AND LAST NAME)

Number of violators for Liquor / Drug / Weapon violations: _____

Hate Crime? Yes No Based on: Race Gender Religion
 Sexual orientation Ethnicity Disability

Type of hate crime (if not listed above): Theft Simple assault
 Threats Vandalism

Law enforcement agency(s) the incident has been reported to:

CSUCI Police Department Ventura County Sheriff's Department
 Other _____ None Police report number: _____

Please give a brief description of the crime to assist in proper classification (Example: Underage drinking – Must include the number of violators and their dates of birth. Please use back of form or separate page, if necessary):

Name of Campus Security Authority: _____

Phone #: _____ Email: _____

Department _____ Date: _____