



Campus Security Authority (CSA) Reporting Form

For incidents requiring an immediate response, contact the Police Department at 404-413-3333. Otherwise, please forward this completed form to: publicsafety@atlm.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 A Third Party	
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>)

**Atlanta Metropolitan State College
Campus Security Authority Reporting Form**

Incident category:	<i>(Incident Definitions are available in the AMSC Annual Security Report)</i>			
Homicide		Burglary	I am not sure how to classify this incident.	
Sex Offense		Robbery		
Aggravated Assault		Arson	Offender information: <input type="radio"/> Known offender (friend, classmate, etc.) <input type="radio"/> AMSC affiliated (Student, Staff, faculty) <input type="radio"/> Name: _____ <input type="radio"/> Race: _____ <input type="radio"/> Gender: _____ <input type="radio"/> Age: _____ <input type="radio"/> Height: _____ <input type="radio"/> Weight: _____	
Motor Vehicle Theft				
Dating Violence		Domestic Violence		
Stalking		Hate Crime <i>Please see below for additional information.</i>		
Arrest for Liquor Law Violation		Referral for Liquor Law Violation		
Arrest for Drug Law Violation		Referral for Drug Law Violation		
Arrest for Weapons Law Violation		Referral for Weapons Law Violation		
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 college owned leased, or controlled space (fraternity, sorority, Off-campus classroom)
- Unknown location, other
- I do not know which category this location would fall under.