



Campus Security Authority (CSA) Reporting Form

For incidents requiring an immediate response, contact AMPD, 404-756-4477. 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**

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|----------------------------------|---|---|---|--|
| 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.