CLERY ACT
CRIME/INCIDENT REPORTING FORM

This form shall be completed by those persons identified under the federal law known as the "Clery Act" as campus security authorities who are required to report information they receive regarding specific crimes. All other members of the campus community NOT included in the category of campus security authorities are strongly urged to report information about known or suspected criminal activity to the Millersville University Police. The information collected is used in the compilation of statistical crime information that will be included in the campus Annual Security Report.

It is the policy of Millersville University to ensure that victims of crime and witnesses to crime are aware of their right to report criminal acts to the police, and to report University policy violations to the appropriate office. However, if a reporting person requests anonymity, this request shall be honored to the extent allowed by law. Additionally, no information should be included on this form that would personally identify any victim without his/her consent.

Millersville University Police will use this form to determine the category and location of the crime, and if the crime should be recorded under the Clery Act. Please e-mail the completed form to Lt. Arthur White (arthur.white@millersville.edu) and Chief Peter Anders (peter.anders@millersville.edu), or if unable to scan and e-mail, please mail to Attn: Lt. Art White/Chief Peter Anders at Millersville University Police, Lebanon House, Millersville, PA. 17551.

PLEASE PRINT

Person Filing Report _____ Date _____

Report Made By: _____Victim _____ Third Party _____ Other

Date and Time Incident Occurred _____

Location of Incident (be as specific as possible)_____

Location _____On Campus (not in Residence Hall) _____ Campus Housing
_____Off Campus (adjacent to campus) _____ Off Campus (not adjacent)

Sex Offense _____YES _____NO

Was the incident apparently motivated by hate or bias? _____YES _____NO

Description of Incident or Crime:_____
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