
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, the University of Texas at San Antonio must collect certain campus crime statistics. This law applies to certain crimes reported to the police and other campus officials.

Use this form if the reporting person is making a confidential report of a crime to you as a Campus Security Official and they are not seeking police or disciplinary action. The details of this report will not be made public and is for the purpose of collecting data to be included in the annual crime statistics. 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 crime: ____________ / ____ / ____  Time of occurrence: ________

1. LOCATION OF CRIME
Please give building name, parking lot number, street name with cross streets or close address, or nearby buildings if it occurred outside. Use a UTSA campus map and circle location if necessary.

2. CRIME REPORTED:
- [ ] Murder
- [ ] Manslaughter
- [ ] Robbery
- [ ] Burglary
- [ ] Motor vehicle theft
- [ ] Aggravated assault
- [ ] Forcible sex offense
- [ ] Non-forcible sex offense
- [ ] Arson
- [ ] Dating Violence
- [ ] Domestic Violence
- [ ] Stalking
- [ ] Simple Assault (only applies to hate crime reporting)

Arrest or Disciplinary referral reported:
- [ ] Liquor Violation
- [ ] Drug Violation
- [ ] Weapon Violation

Was this incident referred to SCCS?  [ ] Yes  [ ] No

Do you have reason to believe that this is a Hate Crime?  [ ] Yes  [ ] No

Based On:
- [ ] Race
- [ ] Gender
- [ ] Religion
- [ ] Sexual Orientation
- [ ] Ethnicity
- [ ] Disability

3. LOCATION CLASSIFICATION:
- [ ] On-Campus
- [ ] Residence Hall
- [ ] Non-Campus
- [ ] Public Property

4. LAW ENFORCEMENT AGENCY
The incident has been reported to:
- [ ] None
- [ ] UTSA Police Department
- [ ] San Antonio Police Department
- [ ] Other ________

Police Report Number if known: ____________________________

5. DESCRIPTION
Please give a brief description of the crime to help us classify the offense: (may attach additional report)

Reporting Department: ____________________________ Date: ____________________________

Name of Departmental Official submitting this form: ____________________________

Phone #: ____________________________ E-mail: ____________________________

Please submit this form to UTSAPD and keep a copy for your records.

If you have questions about classifying a crime or a location, contact Sgt. Elizabeth Carter, Crime Prevention Unit, UTSAPD at 210.458.6250 or elizabeth.carter@utsa.edu