FORM FOR REPORTING INFORMATION
Regarding
CRIMINAL OFFENSES

All colleges are required to report statistics about the incidence of crime on their campuses. The information provided below will be used for that purpose.

If you witness a crime, please call Campus Safety immediately. You will be asked to provide the information requested below.

If you are made aware of a crime after the fact, please call Campus Safety immediately. You will be asked to complete the form below and return it to Campus Safety.

Reporting Person ________________________________      Position ____________________
(Name of person completing form; not the victim’s name)

Date that incident occurred ____________________      Today’s Date ____________________

Name(s) of any known victim(s) __________________________________________________

Classification of incident:
(Please consult “Part I and Part II Offenses” listings on the back of this form.)

Brief description of incident:
______________________________________________________________________________
______________________________________________________________________________

Location of incident: _____________________________________________________________

Did the incident occur on Moravian College property? ( ) Yes  ( ) No
Did the incident occur in a building or on the street?  ( ) Bldg  ( ) Street
Did the incident occur at a College-sponsored activity or event?  ( ) Yes  ( ) No
Indicate area of occurrence:  ( ) Campus  ( ) Non-Campus  ( ) Public Property  ( ) Residential

If you have information regarding the number of perpetrators, please write that number here ____
Do you have any information about the identities of the perpetrators?   ( ) Yes  ( ) No
Please supply any possible leads on perpetrators in the space below:
___________________________________________________________________________________
___________________________________________________________________________________

Are you aware of any similar, previous incidents involving the Moravian Campus or any Moravian student?  ( ) Yes  ( ) No

If yes, how were they similar? ______________________________________________________
Were they previously reported?  ( ) Yes  ( ) No
If yes, to whom were they reported?

PLEASE RETURN THIS FORM TO THE CAMPUS SAFETY OFFICE IN A SEALED ENVELOPE AS SOON AS POSSIBLE