



Roane State Community College Incident Report Form

To assist the College in complying with its requirements under the federal Clery Act, this form should be completed by individuals identified as Campus Security Authorities (CSAs) to report crimes to the College Police Department as soon as possible after a crime has been reported to the CSA. Per the Clery Act, a crime is reported to a CSA when a student, employee or third party brings information about an alleged crime to the CSA and the CSA believes the report was made in good faith. Information provided in this form will be included in the College's annual crime statistics, as applicable. By calling College Police Department at the number below, the CSA reporting requirement is met, and this form does NOT need to be completed.

College Police Department Phone number: 865-882-4500

Return the completed form to the Roane State Police Department:

When completed you may hand Deliver to the Roane State Police Officer at your campus or click the **SUBMIT BUTTON at the bottom of the second page!**

Section 1 – Campus Security Authority – Please identify yourself and the person reporting this to you.

Identify Yourself Here:

Name: _____ **Title:** _____ **Dept:** _____

Phone: _____ **Email:** _____

Date Incident Reported to CSA: _____

Identify Person Reporting Crime to You Here:

Name: _____ **Address:** _____

Phone: _____ **Email:** _____

Victim **Witness** **Other (please explain)**

Section 2 – Date and Location of Incident –be as specific as possible.

- If incident occurred inside a building, identify the address, building name, floor and room number.
- If incident occurred outside, describe the nearest street address or intersection, whether on the street, sidewalk, parking lot, or inside a vehicle. Be as specific as possible, include any nearby

landmarks.

- When in doubt whether an incident occurred on the College's defined "Clery Geography," CSAs should still submit this form. The Police Department will make a determination as to "Clery Geography."

Incident Date and Time or Date Range:

Incident Address:

Building name, floor, room#:

Further Description of Location:

- On Campus
- Off-campus, public property immediately adjacent to campus (sidewalk, street, etc.)
- Off-campus in College leased or controlled space
- Off-campus, not affiliated with and not adjacent to campus
- Unknown location

Section 3 – Description of the Incident – As clearly as possible, describe the incident as reported to you.

- Describe how, when and where the incident occurred.
- Describe the nature of any injuries.
- Describe how and when the incident was reported to you.
- Check all boxes that apply to this to the incident.

To the best of your ability, indicate which of the following apply to this incident.

- | | |
|--|--|
| <input type="checkbox"/> Homicide (murder, non-negligent manslaughter, negligent manslaughter) | <input type="checkbox"/> Alcohol, Drug, or Weapons violation in which the person was either: |
| <input type="checkbox"/> Sexual assault (rape, fondling, incest, statutory rape) | <input type="checkbox"/> Summoned, cited, or arrested by police or |
| <input type="checkbox"/> Robbery | <input type="checkbox"/> Referred for internal student discipline hearings |
| <input type="checkbox"/> Aggravated assault | |
| <input type="checkbox"/> Burglary | |
| <input type="checkbox"/> Motor vehicle theft | |
| <input type="checkbox"/> Domestic violence | |
| <input type="checkbox"/> Dating violence | |
| <input type="checkbox"/> Stalking | |
| <input type="checkbox"/> Arson | |

Hate Crime – any crime listed above, as well as any incident of larceny-theft; simple assault, intimidation, or destruction; damage/vandalism of property that is based on the victim's:

- Race
- Sex/gender
- Gender identity
- Religion
- Sexual orientation
- Ethnicity
- National origin
- Disability

Describe the incident:

Section 4: Victim/Suspect Relationship

- Partner
- Ex-partner
- Spouse
- Ex-spouse
- Family member
- Other

Section 5: Miscellaneous

To your knowledge, was this incident reported to another law enforcement agency? If yes, identify the agency: _____

Victim Identification. For tracking purposes and to avoid double counting incidents, please include a victim personal identifier, such as the initials of their first, middle and last name, if available. This information will not be published.
