

**QUISIGAMOND COMMUNITY COLLEGE  
CAMPUS SECURITY AUTHORITY CLERY ACT INCIDENT REPORT FORM**

**SEX OFFENSE REPORTING**

This form shall be used by Campus Security Authorities (CSA) to report suspected sex offenses to the Department of Public Safety as required by the Jeanne Clery Act. CSA's are required to document reportable sex offenses and hate motivated sex offenses which have been reported to them and which have occurred in certain locations. The details of this report will not be made public. Only the number of crimes occurring will be released. In the event the reported incident represents a serious or continuing threat to the college community, a timely warning may be required. Under those circumstances, this form must be completed and forwarded immediately to the Department of Public Safety. **In addition to Clery reporting requirements, all sex offenses shall be reported to the College's Title IX Coordinator immediately.**

**REPORTING INFORMATION**

If a reporting person requests anonymity, this request must be honored to the extent permitted by law. Under those circumstances, write "ANONYMOUS" in place of their name below. Further, no information should be included on this form that would personally identify the victim without his/her consent.

**Reporting Person's Designation:**       Victim       Witness       Suspect       Other \_\_\_\_\_

**Name of Reporting Person:** \_\_\_\_\_

**Contact Information:**    (Address) \_\_\_\_\_ (Phone) \_\_\_\_\_

**Relationship to Victim:** \_\_\_\_\_

**Date and time incident was reported:** \_\_\_\_\_

**Date and time incident occurred:** \_\_\_\_\_

**LOCATION OF INCIDENT** (Use street address, building name, room number or other identifying information)

**On Campus:** \_\_\_\_\_

**Off Campus - Property Owned/Controlled by College & Frequently Used by Students:** \_\_\_\_\_

**Off Campus - Property Owned/Controlled by a Recognized Student Organization:** \_\_\_\_\_

**Public Property within or immediately adjacent to the campus -** \_\_\_\_\_

**DESCRIPTION OF INCIDENT:** \_\_\_\_\_

**REPORTABLE SEX OFFENSES**

**Sex offense**

**Rape:** The penetration, no matter how slight, of the vagina or anus with any body part or object, or oral penetration by a sex organ of another person, without the consent of the victim.

**Fondling:** The touching of the private body parts of another person for the purpose of sexual gratification, without the consent of the victim or where the victim is incapable of giving consent

**Incest:** Sexual intercourse between persons who are related to each other within the degrees wherein marriage is prohibited by law

**Statutory Rape:** Sexual intercourse with a person who is under the statutory age of consent

**Dating Violence:** Violence committed by a person: (a) who is or has been in a social relationship of a romantic or intimate nature with the victim; and (b) where the existence of such a relationship shall be determined based on a consideration of the following factors: (i) the length of the relationship; (ii) the type of relationship; and (iii) the frequency of interaction between the persons involved in the relationship.

**Domestic Violence:** Occurrence of one or more of the following abusive acts between family or household members: (a) attempting to cause or causing physical harm; (b) placing another in fear of imminent serious physical harm; (c) causing another to engage involuntarily in sexual relations by force, threat or duress.

**Stalking:** willfully and maliciously engages in conduct directed at a specific person, which seriously alarms or annoys that person and would cause a reasonable person to suffer substantial emotional distress, and makes a threat with the intent to place the person in imminent fear of death or bodily injury.

**REPORTABLE HATE CRIMES**

Hate Crime associated with one of the reportable crimes. If yes, specify crime: \_\_\_\_\_

**Hate Crime Category:**

Race  Gender  Religion  Sexual Orientation  Ethnicity  National Origin  Gender Identity  Disability

**RESOLUTION OF INCIDENT/ACTION TAKEN**

Sex Offense reported to Title IX Coordinator? Yes & Date: \_\_\_\_\_  
No & Reason: \_\_\_\_\_

Crime reported to Campus Police? Yes & Date: \_\_\_\_\_  
No & Reason: \_\_\_\_\_

Timely Warning issued (Date, Time & Manner): \_\_\_\_\_

Other Actions Taken: \_\_\_\_\_

**SIGNATURE**

**CSA's Name and title:** \_\_\_\_\_

Department/Office: \_\_\_\_\_ Phone: \_\_\_\_\_

Date Report Received: \_\_\_\_\_

Date Report Filed with Campus Police: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To ensure timely reporting and notification, this form can be delivered electronically or in a sealed envelope marked "Confidential" to the Chief of Police/Director of Security at \_\_\_\_\_.**