

LAS POSITAS COLLEGE

Campus Security Authority (CSA) Reporting Form

For incidents requiring an immediate response, contact Campus Safety, 925 424-1690. Otherwise, please submit this form to the Security Department public office located in room #1725 in building 1700, as **soon as possible, but no later than the next business day after the incident was reported to you.**

Date of report: _____ Date the incident occurred (mm/dd/yyyy): _____

Name of campus security authority: _____

Department and contact number _____

If multiple incidents were reported or if the date the incident occurred is unknown, please note below:

Reporting Person Contact Information

Reported By: The Victim <input type="checkbox"/> A Third Party <input type="checkbox"/>	
First Name:	Last Name:
Phone Number:	E-mail Address:
If a third party (e.g. roommate, friend, parent) reported the crime to you, please enter the relationship of the third party to the victim: _____	

Agency Notified

If, to your knowledge, a law enforcement agency was notified, please enter the name of that agency.

Agency: _____

Does the victim want the incident reported to law enforcement? Yes No

Incident Information

Location of incident: <i>building name, street address, office number:</i> (see location details, below) _____
Time of incident (<i>if known</i>): _____

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Incident description <i>(Please provide specific, detailed information; can attach additional document if necessary.)</i>

Incident category:	<i>(Incident Definitions are available in the Chabot College Annual Security Report)</i>		
Homicide	<input type="checkbox"/>	Burglary	<input type="checkbox"/>
Sex Offense	<input type="checkbox"/>	Robbery	<input type="checkbox"/>
Aggravated Assault	<input type="checkbox"/>	Arson	<input type="checkbox"/>
Motor Vehicle Theft			<input type="checkbox"/>
Dating Violence	<input type="checkbox"/>	Domestic Violence	<input type="checkbox"/>
Stalking	<input type="checkbox"/>	Hate Crime <i>Please see below for additional information.</i>	<input type="checkbox"/>
Arrest for Liquor Law Violation	<input type="checkbox"/>	Referral for Liquor Law Violation	<input type="checkbox"/>
Arrest for Drug Law Violation	<input type="checkbox"/>	Referral for Drug Law Violation	<input type="checkbox"/>
Arrest for Weapons Law Violation	<input type="checkbox"/>	Referral for Weapons Law Violation	<input type="checkbox"/>
Other Crime Category	<i>If the crime was not listed above, please enter the additional crime category: _____</i>		

Is there any evidence that this crime was motivated by bias? Yes No

If yes, please choose any/all categories of bias that apply.

- Race Ethnicity Disability Gender Identity
 Gender Religion National Origin Sexual Orientation

If you answered “yes” to the Motivated by Bias question, please provide a brief summary of the evidence supporting a bias motivation:

Location details

What best describes the location of the crime? *(If the crime occurred in multiple places, check all that apply. Please see the attached for further explanation as to the geography.)*

- On campus
- Public property immediately adjacent to campus
- Non-campus in a University owned leased, or controlled space (off-campus classroom)
- Unknown location, other
- I do not know which category this location would fall under.