



Classification: _____

UH HILO INCIDENT REPORT FORM

Security will designate a Report # & Classification after your submittal

The University of Hawaii at Hilo has an expectation that employees and students will share information they have or receive about campus crime. This form is intended to convey information needed to track the University's response to campus incidents being reported, as well as to assess the danger the incident represents to the community at large. Annual statistical information will be based on this report, as will the need to make timely warnings to the community, for the protection of those who may be at risk.

Instructions: Fill in all fields that apply. Report only one incident per form. Take more space than is given on this form, as necessary, to complete the descriptions. You should return this form to a University Security Officer within 24 hours of becoming aware of an incident. You may also email this form to uhhsafe@hawaii.edu.

Your name:		Position/Department:	
Phone:		E-mail:	
Reported to you by :	<input type="checkbox"/> victim <input type="checkbox"/> witness <input type="checkbox"/> third-party <input type="checkbox"/> anonymous		
Date of report:		Date of incident:	
Location of incident:		Time of incident:	
If you wish to avoid specifics regarding the location, please indicate <u>one</u> of the following (Please call Security for definition of these categories (932-7013):			
<input type="checkbox"/> On campus <input type="checkbox"/> Residence Hall <input type="checkbox"/> Public Property <input type="checkbox"/> Off campus <input type="checkbox"/> Other			

State Type of Incident and describe the incident in as much detail as possible:

Do you have reason to believe this incident represents a present threat of harm or danger to the victim or other member(s) of the community? Yes No

If Yes, why?

Was a weapon involved?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Number of perpetrators/assailants:		
If a single assailant/perp, describe:	Gender:	Race:	Age:	Height:	Weight:
Role of assailant/perp(s) on campus:	<input type="checkbox"/> Student <input type="checkbox"/> Staff <input type="checkbox"/> Faculty <input type="checkbox"/> No campus role <input type="checkbox"/> Unknown				
Name of alleged assailant(s):*					

Was there any evidence that this incident was motivated by the victim's (check all that apply):

- Race Ethnicity Age
 Gender Sexual orientation Religion None of these

Other departments or individuals to whom the victim/reporter has reported this incident:

Name of reporting person *

Names and contact information for any relevant witnesses*

Suspect Description: Sex: M _____ F _____ Age _____ Height _____ Weight _____

Build _____ Hair _____ Hat _____ Glasses _____ Scars/Tattoos _____ Shirt _____

Pants/Skirt _____ Shoes _____ Other Clothing _____

Weapons? _____ Type (describe) _____

Vehicle Make Model _____ Color _____ Year _____

Property taken/damaged:

Was Police Contacted? _____ Officer Name and Badge # _____ Police Report # _____

Reported by: _____
(Print Name) (Signature)

Security Contact # _____

* Any field denoted with an asterisk is a field that may be left blank by you if you intend for this report not to serve as actual notice to the college of harassment, discrimination, sexual assault or other civil rights violation for which notice will trigger an obligatory investigation by the college. Some employees are required to complete this form in full, while others may withhold from the fields designated with a *, depending on your role.