

ROANE STATE COMMUNITY COLLEGE

To assist the Roane State Community College in complying with the federally mandated Clery Act, this form should be utilized by Campus Security Authorities (CSA) to report crimes to the Clery Coordinator as soon as possible after a crime has been reported to the CSA. Under 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 attention of the CSA and the CSA believes the report was made in good faith. The Clery Office will use the information provided in this form to classify the crime for purposes of inclusion in the college's annual crime statistics.

If this is an emergency situation or something that may require immediate attention, please call the Roane State Community College Police (RSPD) (865) 865-882-4500 or 911. This report is informational in nature and does not start an investigation. We encourage you to report any crime information you receive directly to the Roane State Community College Police Department. **Reporting as a Campus Security Authority to the Clery Compliance Coordinator is not a report to law enforcement or public safety.**

If you are a mandatory reporter, sex offenses, domestic violence, dating violence, and stalking must be reported to the Office of Title IX. Survivors of sexual assault, domestic violence, dating violence, and stalking must be provided with written information on their rights and options, which the Title IX Office will ensure happens. The Title IX website also has helpful information, support, and resources for CSAs.

If reporting Hazing - please also fill out Student Conduct's incident report.

If you are unsure for any reason whether an incident should be reported, please report the incident. When in doubt, report.

As a Campus Security Authority, we ask you to complete the following pages and submit the form to RSPD

ROANE STATE POLICE DEPARTMENT CAMPUS SECURITY AUTHORITY REPORT FORM

CAMPUS SECURITY AUTHORITY (CSA) INFORMATION

YOUR NAME:

YOUR POSITION/TITLE:

PHONE NUMBER:

YOUR EMAIL ADDRESS:

DATE OF INCIDENT
(required):

TIME OF INCIDENT:

LOCATION OF INCIDENT (req):

INVOLVED PARTIES INFORMATION

You may list the involved parties in this section. If you do not wish to name someone, it can be helpful to add the initials of the person and the role to help with reconciliation.

Name or Organization	Role
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Questions

The following questions will help us better understand what occurred and how to report the incident for Clery purposes.

Check the box that best indicates the crime you are reporting: (required)

Murder	Rape	Stalking
Manslaughter	Fondling	Hazing
Robbery	Statutory Rape	Drug Violation
Burglary	Incest	Alcohol Violation
Motor Vehicle Theft	Arson	Weapon Violation
Aggravated Assault	Dating Violence	Not Sure

If you selected "NOT SURE" please provide a brief reasoning:

Was the above reported crime committed because of a bias towards the victim(s)? (required)

If bias is involved, what type of bias(es)?

Race

Religion

National Origin

Gender

Sexual Orientation

Disability

Gender Identity

Ethnicity

The following crimes need to be reported "**ONLY**" if the victim of the reported crime was/were targeted specifically because of bias/prejudice against them. Please check if any of these crimes were committed specifically because of bias/prejudice against the victim(s):

Simple Assault

Intimidation

Any other crime
involving bodily injury

Larceny

Vandalism

Please describe the incident(s) as it occurred. Please type "NA" if not applicable.

List below any other agencies that were notified of the incident.

What is the relationship between the victim and the alleged offender? (required)

Partner

Roommate

Student Organization

Ex-Partner

Friend

Other (please specify in the incident narrative above)

Family Member

Strangers (unknown to each other)

Not Applicable