



CAMPUS WIDE INCIDENT REPORT FORM

Western Kentucky University (WKU) has an expectation that all employees will share information they receive about campus crime(s). This form is intended to track the University's response(s) to campus incidents being reported, as well as to assess any danger each incident represents to the community at large. This report will contribute to the statistical data compiled and disbursed annually by the WKU Police Department (PD), and communicate timely warnings to the campus community for protection of individuals who may be at risk.

Instructions: Complete the information requested below. **Report only one incident per form.** If necessary, attach additional documentation to thoroughly complete each description. You are to return this form to your supervisor or WKUPD within 24 hours of becoming aware of any report.

Your Name: _____ Position Title: _____

Department: _____ Time of Service at WKU: _____

Phone: _____ E-mail: _____

Reported to You By (circle all that apply): Victim Witness Third-Party Anonymous

Date of Incident: _____ Time of Incident: _____ Location of Incident: _____

Where did the incident occur? _____ If you wish to avoid specifics, circle one of the following: On Campus Residence Hall Public Property Off-campus Other

Please describe the incident in as much detail as possible:

Do you have a reason to believe this incident represents a threat of harm or danger to the victim or other members of the community? YES NO

If YES, why: _____

Was a weapon involved YES___ NO___ Number of assailants/perpetrators: _____

If a single assailant/perp, describe: Gender:___ Race:___ Age:___ Height:___ Weight:___

Role of assailant/perp(s) on campus: Student___ Faculty___ Staff___ No Campus Role___ Unknown___

Name of alleged assailant(s): _____

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

Race Ethnicity Age Gender Sexual Orientation Religion

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

Name of reporting victim: _____

Names as contact information for any relevant witnesses:

Date This Form Was Submitted: _____