

## Campus Security Authority Reporting Form

The CSA Report Form is to be used by Campus Security Authorities (CSAs) or individuals who believe they may be a Campus Security Authority, to report Clery Act Crimes. CSAs are responsible for reporting allegations of Clery Act Crimes that are reported to them in their capacity as a CSA. CSAs are not responsible for determining whether a crime took place. Whether or not you know you are a CSA please use this form.

In an emergency, call 911.

In most cases it is possible for a CSA to fulfill his or her responsibility while still maintaining victim confidentiality. You can effectively complete this form without disclosing personally identifiable information about the victim.

This CSA report **does not** automatically result in the initiation of a police or disciplinary investigation if the victim does not want to pursue that course of action. If the victim would like to pursue disciplinary action direct them to the Dean of Student Affairs, Wade Gordon at 218-733-7656 or <a href="wade.gordon@lsc.edu">wade.gordon@lsc.edu</a>.

Fill out as much information and detail as possible when using this form. If you do not know the information leave it blank. It is not your duty to investigate the incident, but rather it is your duty to report the incident. Please use extra pages as needed to properly fill out the report.

To ensure proper Clery Act classification of the incident being reported, the contact information of the person filling out this form is being requested. Contact will be limited and only initiated if deemed necessary. If you need assistance in filling out this form please contact the Security Coordinator, Justin Stangeland, at 218-733-6816 or justin.stangeland@lsc.edu.

## **INTRODUCTION**

Campus Security Authorities are federally mandated crime reporters. CSAs shall report, in a timely manner, any Clery Act crimes that they are made aware of to LSC Security by using this form. It is important for CSAs to document sufficient details of the incident to allow for proper classification of the crime(s).

\* Denotes the information is <u>required</u>.

CSA full name:	
CSA Position/Title:	
CSA phone number:	
CSA email address:	
Date incident was reported to CSA: (DD/MM/YYYY)	
*Date of incident: (DD/MM/YYYY)	
Time of incident: (00:00 AM/PM)	
*General location of incident: (building, area, etc.)	
Specific location:	
INVOLVED PARTIES	
	g party requests anonymity, this request must be honored to the lingly, no information should be included on this form that would ithout his/her consent.
Name	
Gender of person	
Persons role (select one)	☐ Victim ☐ Reporting Party (this is not the person filling out the form)

	☐ Respondent (suspect)
	□ Witness
	☐ Other (please explain)
	1 /
Date of Birth	
Phone number	
Email address	
Student ID #, Driver license	
#, Passport #, other ID #	
needed.	another involved party. You can add as many involved parties as
REPORTED CRIME	
Security OR if the reporting par	vas already reported to a Law Enforcement agency or LSC ty was planning to make a report with Law Enforcement or LSC dividual or agency the report was or is being made to. If not,

**Crime Reporting** – It is the policy of Lake Superior College to ensure that the victims of crimes are aware of their right to report criminal acts to the Duluth Police Department at 218-730-5400. CSAs should ask the reporting party if they would like to report the crime to Duluth Police. If the reporting party would like law enforcement contacted the CSA should assist the victim in the request.

**Sexual Incidents**– CSAs reporting a student or employee reported incidence of sexual violence are encouraged to provide campus/community resources as by directing them to Roxanne Frederick, Health Services Coordinator at 218-733-1092 and/or make a report through CampusEye on the LSC Safety Security website.

Check the box that best indicates the crime you are reporting. As needed, review the Clery Act Crimes located on the LSC Safety and Security website for crime definitions. You can select multiple crimes.

This section is <u>required</u> to fill out.

☐ Criminal Homicide: Murder and Non-	☐ Burglary	
Negligent Manslaughter	_	
☐ Manslaughter by Negligence	☐ Motor Vehicle Theft	
☐ Sexual Assault	☐ Arson	
☐ Rape	☐ Dating Violence	
	☐ Domestic Violence	
□ Incest	☐ Stalking	
☐ Statutory Rape	☐ Drug/Narcotic Violation	
	☐ Alcohol Violations	
☐ Aggravated Assault	☐ Weapon Violations	
☐ Other (explain)		
	d specifically because of bias/prejudice against or identity, ethnicity, national origin, or disability. on the LSC Safety and Security website for hate	
☐ Larceny-Theft	☐ Intimidation	
☐ Simple Assault	☐ Destruction/Damage/Vandalism of	
□ N/A	Property	
Total number of Crime Victims:		
If a liquor, drug, or weapon law violation is reporeferred must be entered. Please select the applic As needed, review the Clery Act Crimes located alcohol, drug and weapons violation definitions.	cable violation below if it pertains to your report.	
☐ Liquor Law Violation		
Total number of people referred for Lice	quor Violation:	
☐ Drug Law Violation  Total number of people referred for Drug	ug Violation:	
☐ Weapon Law Violation		
Total number of people referred for Weapon(s) Violation:		

Please provide a description of the reported crime (explain what happened) to help with the Clery Act crime classification.
☐ Check the box if you added information to back of this sheet or added extra sheets. You caudd as many sheets of paper as necessary to properly capture the incident.
☐ Check the box if you or the reporting party has supporting documentation of the incident. This may be photos, video, texts, email or other supporting documents.

Send report to LSC's Security Coordinator Justin Stangeland by inter-campus mail or  $\underline{justin.stangeland@lsc.edu}$