



**South Central
COLLEGE**

09-27-17

Campus Security Authority Incident Report Form

CSA: _____

Date: _____

Incident reported by: _____

Phone Number: _____

Email Address: _____

Classification (see definitions): _____

Date incident occurred: _____

Location of Incident (description): _____

Brief Description of the incident: _____

Check the appropriate answer to the following questions:

Where did the incident occur? Campus (specify): _____ Grounds: _____ Street: _____

Parking Lot (specify): _____ Other: _____

Did the incident occur on school owned, controlled, or leased property? Yes: _____ No: _____

Did the incident occur at a College-sponsored activity or event? Yes: _____ No: _____

Name and location of College-sponsored activity or event: _____

I did not receive reports of any incidents or Clery reportable crimes during this reporting period.

Printed name

Signature

Date

Please submit this completed form to the Director of Safety and Security