School of the Art Institute of Chicago
Campus Security Authority Crime Report Form

Your Name: __________________________________________  Date: ________________________________

Crime Reported to you by: _____________________________ Your Phone Number/Email: _________________

Date and Time Incident Occurred: ____________________________

Location of Incident (building name or address): ____________________________________________________

Brief Description of the Incident: _________________________________________________________________

_______________________________________________________________________________________________

Was incident also reported to Campus Security? Yes__ No__ Don’t know ___

Was incident also reported to Chicago Police? Yes__ No__ Don’t know ___

Classification: To the best of your ability, please check the type of crime reported*:

☐ Murder
☐ Manslaughter
☐ Sex offenses – forcible (sexual act directed against another involving force or lack of consent)
☐ Sex offenses – non-forcible (incest or statutory rape)
☐ Robbery
☐ Assault
☐ Burglary
☐ Motor vehicle theft
☐ Arson
☐ Hate Crime. Hate crimes include any of the above crimes, plus theft, vandalism, intimidation or simple assault, if the crime was motivated by a bias based on the victim’s race, gender, gender identity, religion, disability, sexual orientation, ethnicity, or national origin.
☐ Domestic Violence
☐ Dating Violence
☐ Stalking

If you checked “Hate Crime” above, briefly describe why you believe the crime was motivated by bias:_________

_______________________________________________________________________________________________

Check the type of bias involved:

☐ Race       ☐ Disability       ☐ Gender
☐ Gender Identity ☐ Sexual Orientation ☐ Religion
☐ Ethnicity       ☐ National Origin

Alcohol, Drug or Weapon Law Violations resulting in arrest or referral for disciplinary action
(Check all that apply) Alcohol: ______ Drug: _____ Weapon (describe): ________________________________

If known, note number of individuals Arrested _____ or Referred for campus disciplinary action _____
Please forward this completed form to:

Dave Martino, Campus Security Department, School of the Art Institute of Chicago, 37 S. Wabash Ave, Room 710A, Chicago, IL 60603, or you may email the form to dmartino@saic.edu, or fax it to 312-629-1661.

*See attached page for detailed definitions. Security will confirm the classifications, so do not be concerned whether the incident you are reporting precisely meets every requirement of the attached definitions.