



SILENT WITNESS FORM

If you have been a victim and/or witness to a crime or other incident on campus and would like to report it ANONYMOUSLY, please fill out the form below. You will not be identifiable to the Department of Public Safety. We are implementing this form to help report, incident crimes, and/or suspicious activity on campus. You may possibly be helping someone you know. If you have any questions about the program, please call ext 1261, email or stop by the Public Safety Office.

ALL INFORMATION WILL BE KEPT CONFIDENTIAL

Are you a Witness_____ or are you a Victim_____

Date of Incident: _____

Time of Incident: _____

Location of Incident: _____

Type of Incident: _____

Tell us about the incident: _____

Please describe person(s)/suspect(s) involved. (i.e., name, physical description, vehicle description, etc.)
