



SILENT WITNESS FORM

If you have been a victim and/or witness to a crime 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 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, email or stop by the Public Safety Office.

ALL INFORMATION WILL BE KEPT CONFIDENTIAL

Witness_____ 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.)

This is a confidential voluntary reporting system for investigative and statistical purposes.

14-Dec-04