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**Office of Campus
 Security and Safety**

CRIME INCIDENT REPORT FORM

This form should be completed by those individuals identified as "campus security authorities" who are required to report information they receive about specific crimes (described below) pursuant to the Federal Clery Act. The information collected from these forms will be used to prepare a compilation of statistical crime information that will be included in the campus' annual report.

If a reporting person requests anonymity, this request must be honored to the extent permitted by law. Accordingly, no information should be included on this form that would personally identify the victim without his/her consent.

Campus Security will use this form to determine the category of crime and location which the crime should be reported according to the Clery Act. Please forward this form to: Office of the Director, Division of Facilities, Maintenance and Campus Security, College of Micronesia, National Campus.

Person Receiving Report: _____ Phone: _____

Report made by: _____

Victim: _____

_____ Third Party. Please identify relationship _____

Date and Time incident occurred: _____

Description of incident and crime: _____

Location of Incident: (Identify building name, address, Etc. Please be specific as possible.)

Location where this incident occurred was:

- | | |
|---------------------------------|---|
| _____ On campus | _____ Off campus affiliated property (Owned controlled or affiliated with Campus) |
| _____ On campus Student housing | _____ Off Campus public property immediately Adjacent to campus |
| _____ UNKNOWN | _____ Off campus NOT affiliated or adjacent |