



Washington College
Campus Security Authority Reporting Form

Date of report:

Name of campus security authority:

Date that incident occurred (mm/dd/yyyy):

*If multiple incidents were reported or if the date the incident occurred is unknown,
please note below:*

Reporting Person Contact Information

Reported By: The Victim A Th

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Location

What best describes the location of the crime? *(If the crime occurred in multiple places, check all that apply. Please see the attached for further explanation as to the geography.)*

On campus, residence hall

On campus, not in a residence hall

Public property immediately adjacent to campus

Non-campus in a University owned leased or controlled space (fraternity, sorority,
off-campus classroom)

Unknown location, other

I do not know which category this location would fall under.

Pleas

*Once completed, please send this form to:
Susan Golinski, Public Safety Department, Washington College*

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Geography Definitions

On campus:
any buil

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