

**Kean University Department of Public Safety/Police  
CITIZEN'S REPORT**

<b>RETURN OR MAIL TO</b>	Kean University Department of Public Safety/Police 1000 Morris Avenue, Union NJ 07093 Phone: (903)737-4800 FAX: (908)737-4805	Date/Time _____ Case # _____
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CHECK OFF THE TYPE OF INCIDENT BEING REPORTED:

- |   |   |
|---|---|
| <input type="checkbox"/> 1. THEFT (LESS THAN \$75,000.00)<br><input type="checkbox"/> 2. ASSAULT (SIMPLE)<br><input type="checkbox"/> 3. PROPERTY DAMAGE (CRIMINAL MISCHIEF)<br><input type="checkbox"/> 4. LOST PROPERTY<br><input type="checkbox"/> 5. HARASSMENT<br><input type="checkbox"/> 6. OTHER (SPECIFY) _____<br><input type="checkbox"/> 7. SUPP. REPORT-ORIG CASE# _____ | <input type="checkbox"/> 8. NOISE COMPLAINT<br><input type="checkbox"/> 9. ANIMAL BITE<br><input type="checkbox"/> 10. ANIMAL COMPLAINT<br><input type="checkbox"/> 11. DISPUTE<br><input type="checkbox"/> 12. SUSPICIOUS ACTS<br><input type="checkbox"/> 13. MV BURGLARY<br><input type="checkbox"/> 14. MV ACCIDENT |
|---|---|

\* PLEASE PRINT/TYPE ALL INFORMATION CLEARLY\*

VICTIM / COMPLAINANT'S INFORMATION

NAME: \_\_\_\_\_ AGE: \_\_\_\_ RACE: \_\_\_\_ SEX: \_\_\_\_  
First Middle Last

HOME ADDRESS: \_\_\_\_\_  
Number & Street City State Zipcode

SCHOOL ADDRESS: \_\_\_\_\_  
Building Name Room Number Bedroom Number

HOME/CELL PHONE # \_\_\_\_\_ SCHOOL PHONE # \_\_\_\_\_

PERSON REPORTING INFORMATION

IF SAME AS ABOVE, PLEASE CHECK THIS BOX AND SKIP THIS SECTION:

NAME: \_\_\_\_\_ AGE: \_\_\_\_ RACE: \_\_\_\_ SEX: \_\_\_\_  
First Middle Last

HOME ADDRESS: \_\_\_\_\_  
Number & Street City Suit Zipcode

SCHOOL ADDRESS: \_\_\_\_\_  
Building Name Room Number Bedroom Number

HOME/CELL PHONE #: \_\_\_\_\_ SCHOOL PHONE #: \_\_\_\_\_

INCIDENT INFORMATION

LOCATION OF INCIDENT \_\_\_\_\_

TYPE OF PREMISES: SCHOOL  RESIDENCE  LOT/ OPEN AREA

Time and Date Incident Occurred	Between <input type="checkbox"/>		<input type="checkbox"/> AM <input type="checkbox"/> PM	Month	Day	Year
	At <input type="checkbox"/>		<input type="checkbox"/> AM <input type="checkbox"/> PM	_____		

\* NARRATIVE IS REQUIRED - PLEASE SEE OTHER SIDE OF THIS REPORT \*

REVIEWED BY \_\_\_\_\_ ID# \_\_\_\_\_ DATE: \_\_\_\_\_

