

**Crime Report Form**

**Please forward this completed form to the WAU-Director of Public Safety**

If no crimes were reported to you in 2020, please check the box below, print your name and initial. This form is being used to document that you have received this reporting form and that no crimes were reported to you for the previous reporting cycle.

Reporting Person (print name): \_\_\_\_\_ Department: \_\_\_\_\_

By placing an X on this line, you are confirming that no crime as describe below, were reported to you during the requested calendar year. Initial Here: \_\_\_\_\_.

Complete this box if a crime was reported to you. If more than one was reported to you, fill out one form for each crime report.

Reporting Person (print name): \_\_\_\_\_ Phone Number: \_\_\_\_\_

Classification (see definitions): \_\_\_\_\_ Date incident Occurred: \_\_\_\_\_

Location of the incident: \_\_\_\_\_

Brief description of the Incident: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_