

# University of West Georgia Police Department

## Anonymous Crime Report Form

This report form is to be used by persons who wish to report a crime but desire to remain anonymous. Since the report is anonymous we will not be able to investigate or prosecute the case. However, the information provided by this report may be included in the next annual issue of CRIMEWATCH, as well as utilized by our investigators who may be working similar cases. If the crime occurred off campus, we may forward the information to the jurisdiction where the crime took place.

Please fill in as much information as possible and mail it to:

University of West Georgia Police Department  
1601 Maple Street  
Carrollton GA 30118.

Mark the envelope: CONFIDENTIAL – ATTENTION / Chief's Office.

Type of Crime: (check all that are appropriate)

- Murder/Manslaughter \_\_\_\_\_ Negligent Manslaughter \_\_\_\_\_
- Robbery \_\_\_\_\_ Aggravated Assault \_\_\_\_\_
- Sexual Assault – (circle the appropriate crime)  
(Forcible - i.e.: rape, sexual battery, aggravated sodomy)  
(Non-forcible - i.e.: incest, statutory rape)
- Burglary \_\_\_\_\_ Motor Vehicle Theft \_\_\_\_\_
- Arson \_\_\_\_\_ Other \_\_\_\_\_ If other, describe the crime:

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Are you the Victim or Witness to this crime?

Victim \_\_\_\_\_ Witness \_\_\_\_\_

Location: Circle the appropriate location

- Residence Hall \_\_\_\_\_ Academic Building \_\_\_\_\_
- Parking Lot \_\_\_\_\_ Campus (other) \_\_\_\_\_
- Off Campus \_\_\_\_\_

(Please provide the name of the location or describe as closely as possible)

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Date the incident occurred

Time Incident Occurred

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If the crime was a physical or sexual assault, was a weapon used to carry out the crime?

If yes, check the type of weapon presented or used.

Firearm \_\_\_\_\_ Knife \_\_\_\_\_ Bludgeon \_\_\_\_\_ Hands/Fists \_\_\_\_\_

Physical Intimidation \_\_\_\_\_ Said Had Weapon but Not Displayed \_\_\_\_\_

Other (describe)

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Do you know the name of the person(s) responsible for the crime?

If yes, please give their names and address or phone number:

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

Please provide a physical description of the suspects.

- Race: \_\_\_\_\_
- Gender: \_\_\_\_\_
- Height: \_\_\_\_\_ ft. \_\_\_\_\_ inches
- Weight: \_\_\_\_\_
- Hair color: \_\_\_\_\_
- Facial Hair: Yes \_\_\_\_\_ No \_\_\_\_\_ Describe: \_\_\_\_\_
- Tattoos: Yes \_\_\_\_\_ No \_\_\_\_\_  
Describe:  
\_\_\_\_\_  
\_\_\_\_\_

- Clothing: (Describe)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there any witness(s) to the crime who would be willing to speak with a police officer?

Yes \_\_\_/ No \_\_\_ if yes, please give their names and address or phone number:

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

Narrative (Optional)

Please describe what happen or use this space to provide any additional information you believe is important:

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Would you be willing to speak with an investigator if your identity is kept confidential?

Yes \_\_\_\_ No \_\_\_\_

If no, thank you for your time. We appreciate your assistance and keep in mind that you can make a formal report in the future if wish to do so.

If yes, what is your name and phone number:

\_\_\_\_\_

When can we contact you?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If this report is being filed by a campus official, please **print** your name below.

Name: \_\_\_\_\_ Department: \_\_\_\_\_

Form Created: 8/1/2000

Revised: 12/1/2014