

CSUB CSA Incident Report

To report an incident, please provide the following information



Report date:

 / /

Month Day Year

Date & time when incident occurred:

 / / at

Month Day Year Time AM/PM

Location of Incident

Was a Police Report filed?

UPD Report #, if available

Description of Offender:

Race

Gender

Age

Facial Hair?

Height

Weight

Eye color

Hair color

Physical Characteristics

Clothing Description

Tattoo Markings, if any

Brief Description of the Crime

Submit form to:

Claudia Catota at the Office of the President – ccatota@csub.edu

Lt. Kenny Williams at UPD - kwilliams40@csub.edu

Jorge Villatoro | Office of the President - jvillatoro8@csub.edu

Name of CSA: