

FONTBONNE UNIVERSITY CAMPUS CRIME REPORT

DATE OF INCIDENT: _____

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NATURE OF INCIDENT AND DISPOSITION _____

LOCATION OF INCIDENT (IF BRANCH CAMPUS, PLEASE SPECIFY) _____

NAMES OF FONTBONNE STUDENTS OR EMPLOYEES INVOLVED: _____

NAMES OF NON-FONTBONNE PERSONS INVOLVED: _____

WERE THE POLICE OR OTHER SECURITY OFFICERS INFORMED OF THIS INCIDENT? YES ___ NO ___

IF SO, PLEASE STATE THEIR NAMES? _____

NAME OF PERSON MAKING THIS REPORT: _____

This form is used for compliance with the Crime Awareness and Campus Security Act of 1990 (PL 101-542). As required by the Department of Education, crimes statistics must be compiled and submitted to the Department of Education annually for: (1) murder, (2) rape, (3) robbery, (4) aggravated assault, (5) burglary, (6) motor vehicle theft, (7) liquor law violations, (8) drug abuse violations, (9) weapons violations and (10) any crime where a person is injured. A security log must be maintained and open for inspection for all reported incidents. Please return completed forms to:

Fontbonne University
Director of Public Safety
6800 Wydown Blvd.
St. Louis, MO 63105

