

**Office of Public Safety**  
*Teachers College at Columbia University*

**Teachers College Campus Security Act (Clery Act) Crime or Incident Report Form**  
**(For Calendar Year 2019)**

Please forward this completed form to:

*Joseph A Rinaldi*  
*Assistant Director, Office of Public Safety*  
*Teachers College at Columbia University*  
[jr3589@tc.columbia.edu](mailto:jr3589@tc.columbia.edu)  
*Internal Mail Box 225*  
*525 West 120th Street, New York, NY*  
*10027-6696*  
*212.678.4081*

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By signing this form, I confirm that:

- I understand that I am a TC Campus Security Authority (CSA) within the meaning of the Clery Act and that I am obligated to notify the Office of Public Safety (OPS) about any crimes reported to me as having taken place on the TC Campus, on public property adjacent to the campus, or at locations at which other College activities are taking place, including international destinations.

Exception: I may exclude reports I received from Public Safety Officers, reports I received from TC officials who advised me that they had already contacted Public Safety, and reports that I conveyed to Title IX Coordinator Janice Robinson.

- I have reviewed the list of crimes reportable under the Clery Act.
- I will promptly notify the Office of Public Safety whenever such a crime is reported to me.
- Please check one of the boxes below, for the present reporting period (calendar year):

- No such crimes have been reported to me.
- I have already notified Public Safety or the Title IX Coordinator about any crimes reported to me.
- I am providing information about a crime report with this form (page 2). I am, with this form, providing information about all crime reports not previously conveyed to the Office of Public Safety or Title IX Coordinator Janice Robinson.

Signature \_\_\_\_\_

Print name \_\_\_\_\_

Date \_\_\_\_\_

Complete page 2 only if a crime was reported to you. If more than one crime was reported to you please complete a separate page 2 for each crime report.

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Date (known or approximate) that the crime occurred: \_\_\_\_\_

Location where crime occurred (complete one):

On campus location (building or address) if known:

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Public Property adjacent to campus (address or building if known):

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At a TC sponsored event at an off campus location, not on public property adjacent to campus, including international destinations, at which College activities are taking place:

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The person who reported the crime to you: \_\_\_\_\_

Contact information for the person reporting the crime to you (phone, email, etc.):

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Did this individual indicate whether he/she was willing to speak with someone from the Office of Public and/or the Title IX Coordinator? \_\_\_\_\_

*Note – if the person who reported the crime to you requested confidentiality you may make this report without identifying that person.*

Summary of the facts of the crime or incident as reported to you (please use additional pages if necessary):

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Was this crime described to you as a “hate crime” – any crime manifesting evidence that the victim was selected because of the victim’s actual or perceived race, gender, religion, sexual orientation, gender identity, ethnicity, national origin, or disability? If so, please explain below:

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For information about Clery Act crimes, please see [www.tc.edu/policylibrary/Clery\\_Crimes](http://www.tc.edu/policylibrary/Clery_Crimes)

Questions may be directed to John DeAngelis, Assistant Vice President, and Office of Public Safety ([DeAngelis@tc.edu](mailto:DeAngelis@tc.edu) or ext.4180).