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
Internal Mail Box 225
525 West 120th Street, New York, NY
10027-6696
212.678.4081

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.
Office of Public Safety  
Teachers College at Columbia University

Date (known or approximate) that the crime occurred: ________________________________

Location where crime occurred (complete one):

On campus location (building or address) if known:
____________________________________________________________________________
____________________________________________________________________________

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

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:
____________________________________________________________________________
____________________________________________________________________________

The person who reported the crime to you: _________________________________________

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

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):
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

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:
____________________________________________________________________________

For information about Clery Act crimes, please see www.tc.edu/policylibrary/Clery_Crimes

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