

# NEW YORK INSTITUTE OF MASSAGE SECURITY INCIDENT REPORT

<u>TYPE OF INCIDENT</u>	<u>TYPE OF INCIDENT - HATE CRIME</u>	<u>ARREST</u>
<input type="checkbox"/> Murder	<input type="checkbox"/> Murder	<input type="checkbox"/> Liquor Law Violations
<input type="checkbox"/> Non-negligent Manslaughter	<input type="checkbox"/> Non-Negligent Manslaughter	<input type="checkbox"/> Drug Abuse Violations
<input type="checkbox"/> Negligent Manslaughter	<input type="checkbox"/> Negligent Manslaughter	<input type="checkbox"/> Weapons Possession
<input type="checkbox"/> Forcible Sex Offense	<input type="checkbox"/> Forcible Sex Offenses	<input type="checkbox"/> Other Violations
<input type="checkbox"/> Non-Forcible Sex Offense	<input type="checkbox"/> Non-Forcible Sex Offenses	
<input type="checkbox"/> Robbery	<input type="checkbox"/> Robbery	
<input type="checkbox"/> Aggravated assault	<input type="checkbox"/> Aggravated Assault	
<input type="checkbox"/> Burglary	<input type="checkbox"/> Burglary	
<input type="checkbox"/> Motor Vehicle Theft	<input type="checkbox"/> Motor Vehicle Theft	
<input type="checkbox"/> Arson	<input type="checkbox"/> Arson	
	<input type="checkbox"/> Other crimes involving bodily injury	
	<input type="checkbox"/> Larceny / theft	
	<input type="checkbox"/> Simple Assault	
	<input type="checkbox"/> Intimidation	
	<input type="checkbox"/> Destruction / Damage / Vandalism of Property	

Hates Crimes as described: Did the incident show any relation to "hate" crimes? (Any crime showing evidence of prejudice because of race, gender, religion, sexual orientation, ethnicity or disability.)

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

LOCATION OF INCIDENT \_\_\_\_\_  
 DATE \_\_\_\_\_  
 TIME \_\_\_\_\_

VICTIM INFORMATION  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_

VICTIM DESCRIPTION OF INCIDENT \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

WITNESSES

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

If YES Witness description of incident \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

AUTHORITIES NOTIFIED BY: (Print name) \_\_\_\_\_  
 WAS A POLICE REPORT FILED  YES  NO If yes, # \_\_\_\_\_

Incident report received and logged by \_\_\_\_\_ Date \_\_\_\_\_

	Signature	Print Name	Phone #	Date
Complainant	_____	_____	_____	_____
Witness	_____	_____	_____	_____
Staff	_____	_____	_____	_____