College of Southern Nevada Police Department

VOLUNTARY STATEMENT

Submit

Reset Form

IF THIS IS AN EMERGENCY, PLEASE DO NOT FILL OUT THIS FORM. CONTACT 9-1-1 IMMEDIATELY.

To file an anonymous report omit your personal contact information.

Please complete all applicable fields on this form and an officer from the College of Southern Nevada Police Department will be in contact with you.

Upon submission, the form will be sent to the CSN Police Department e-mail.

Specific Crime	Date Occurred	Time Occurred ☐ AM ☐ PM
Location of Incident	☐ On-Campus ☐ Public Property ☐ Non-Campus Building	

Your Name (Last, First, Middle)				
Business Address (Number & Street)	(Bldg/Ste.#)	(City)	(State)	(Zip Code)
Residence Address - *Optional* (Number & Street)	(Bldg/Apt.#)	(City)	(State)	(Zip Code)

Work Schedule (Hours)	Days Off	Business/School	Res. Phone	Bus. Phone
Occupation	Best place to contact you during the day	Best time to contact you during the day	Can you identify the Suspect? ☐ Yes ☐ No	

PLEASE PROVIDE INCIDENT DETAILS IN THE AREA BELOW

In Nevada, it is a crime to file a false police report.
PER N.R.S. 199.120, FALSE POLICE REPORTS WILL BE PROSECUTED.