



Anonymous Reporting Form

This form will be transmitted anonymously to Louisburg College Campus Safety and Police and Student Life for review. Since this form is anonymous, you will not be updated on the progress of the investigation. Please be as thorough as possible with this information.

Is the activity:

Location of activity (please be as specific as possible):

Name(s) of suspect(s):

If you do not know his/her/their name(s), please give any description that will help us identify the suspect(s):

Suspect(s) room number and/or address:

Suspect(s) are students at Louisburg College:

If able, please describe the suspect(s) vehicle:

License Plate:

Please provide a written description of the illegal activity. Use as much detail as possible including names, dates, and locations, when possible.