

## 1. Home screen

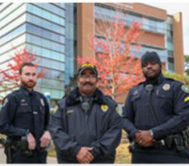
UA  
LITTLE ROCK

CAMPUS POLICE

Report An Incident

Campus Alerts

Emergency Contacts



A SAFE & SECURE ENVIRONMENT

Our campus community. Our officers are expertly-trained professionals who are highly visible and patrol campus full-time, 24/7, 365 days a year. In addition, our dispatch center is always staffed and ready to assist.

EMERGENCY CONTACT


In an emergency, please call 911 or 501-919-3400, or use the blue light emergency campus phone network. For non-emergencies, call 501-916-5204 or submit a Report An Incident form.

University Police is located in the University Plaza.

ADDRESS:  
123 Plaza Ln  
Little Rock, AR 72204

Contact  
University Police  
2801 S. University Avenue  
Little Rock, AR 72204  
501-916-3400  
publicalerts@ualr.edu  
📄 Here contact information

Campus Security  
Your safety is our highest priority. View the Campus Security & Fire Safety Report.  
[Learn more...](#)



## 2. Report form

UA  
LITTLE ROCK

CAMPUS POLICE

Report An Incident

Campus Alerts

Emergency/Contacts

REPORT AN INCIDENT


If you witnessed and/or were involved in any kind of accident or incident on campus, you are encouraged to use this form to report misconduct. Anyone who deliberately makes any false accusations may be prosecuted under Arkansas State Law.

Forms may be submitted anonymously, but we will be unable to ask follow-up questions if no contact information is provided.

COMPLETE A REPORT

Contact  
University Police  
2801 S. University Avenue  
Little Rock, AR 72204  
501-916-3400  
publicalerts@ualr.edu  
📄 Here contact information

Campus Security  
Your safety is our highest priority. View the Campus Security & Fire Safety Report.  
[Learn more...](#)



## Report Form Step1

CONTACT INFO

CANCEL

YOUR NAME

YOUR EMAIL

WHICH DESCRIBES YOU? CHECK ALL THAT APPLY.

☐ Student

☐ Faculty

☐ Staff

☐ Visitor

☐ Other

BACK

NEXT

## Report Form Step...

CONTACT INFO

CANCEL

YOUR NAME

FIRST LAST NAME

YOUR EMAIL

WHICH DESCRIBES YOU? CHECK ALL THAT APPLY.

☐ Student

☐ Faculty

☐ Staff

☐ Visitor

☐ Other

BACK

NEXT

## Report Form Step2

INCIDENT INFO

CANCEL

DATE OF INCIDENT \*

LOCATION OF INCIDENT \*

DESCRIBE WHAT HAPPENED \*

BACK

NEXT

## Report Form Step...

INCIDENT INFO

CANCEL

DATE OF INCIDENT \*

MM/DD/YYYY

LOCATION OF INCIDENT \*

DESCRIBE WHAT HAPPENED \*

BACK

NEXT

## Report Form Step3

IMAGE & VIDEO

CANCEL

Would you like to attach a photo or video of the incident?

Attach From Camera

Attach From File

Don't Attach

BACK

SUBMIT

## Report Form Step...

IMAGE & VIDEO

CANCEL

Would you like to attach a photo or video of the incident?

Attach From Camera

Attach From File

Don't Attach


BACK

SUBMIT

## Report Form Step...

IMAGE & VIDEO

CANCEL



Your video/image has been uploaded.

Remove Upload

Replace Image/Video

BACK

SUBMIT

## Report Form Step...

IMAGE & VIDEO

CANCEL

Your upload has been removed. Would you like to attach a photo or video of the incident?

Attach From Camera

Attach From File

Don't Attach


BACK

SUBMIT

## Report Form Step...

IMAGE & VIDEO

CANCEL



Your video/image has been uploaded.

Remove Upload

Replace Image/Video

BACK

SUBMIT

## Report Form Step...

CONTACT INFO

CANCEL

YOUR NAME

FIRST LAST NAME

YOUR EMAIL

YOUR EMAIL

WHICH DESCRIBES YOU? CHECK ALL THAT APPLY.

☐ Student

☐ Faculty

☐ Staff

☐ Visitor

☐ Other

BACK

NEXT

## Report Form Step...

CONTACT INFO

CANCEL

YOUR NAME

FIRST LAST NAME

YOUR EMAIL

YOUR EMAIL

WHICH DESCRIBES YOU? CHECK ALL THAT APPLY.

☒ Student

☐ Faculty

☐ Staff

☐ Visitor

☐ Other

BACK

NEXT

## Report Form Step...

INCIDENT INFO

CANCEL

DATE OF INCIDENT \*

MM/DD/YYYY

LOCATION OF INCIDENT \*

campus parking lot 13

DESCRIBE WHAT HAPPENED \*

BACK

NEXT

## Report Form Step...

INCIDENT INFO

CANCEL

DATE OF INCIDENT \*

MM/DD/YYYY

LOCATION OF INCIDENT \*

campus parking lot 13

DESCRIBE WHAT HAPPENED \*

someone broke into a car. The window is busted open. It's 12:13pm.

BACK

NEXT

## Report Form Step...

INCIDENT INFO

CANCEL

DATE OF INCIDENT \*

Required

LOCATION OF INCIDENT \*

Required

DESCRIBE WHAT HAPPENED \*

Required

BACK

NEXT

## Report Form Step...

INCIDENT INFO

CANCEL

DATE OF INCIDENT \*

MM/DD/YYYY

LOCATION OF INCIDENT \*

Required

DESCRIBE WHAT HAPPENED \*

Required

BACK

NEXT

## Report Form Step...

INCIDENT INFO

CANCEL

DATE OF INCIDENT \*

MM/DD/YYYY

LOCATION OF INCIDENT \*

campus parking lot 13

DESCRIBE WHAT HAPPENED \*

Required

BACK

NEXT