

**SOUTHERN WEST VIRGINIA COMMUNITY AND TECHNICAL COLLEGE
BOARD OF GOVERNORS
SCP-1375.A**

Accident/Incident Report Form

Date of Accident/Incident/Complaint

Date: _____ Day of Week: _____ Time: _____ AM or PM

Location of Accident/Incident/Complaint

Campus: _____ Building: _____ Room: _____ Other: _____

Event Type:

Criminal Offenses:

Murder Non-negligent Manslaughter Robbery
 Aggravated Assault Burglary Motor Vehicle Theft
 Arson

Sex Offenses:

<u>Forcible</u>	<u>Non-forcible</u>
<input type="checkbox"/> Forcible Sodomy	<input type="checkbox"/> Incest
<input type="checkbox"/> Sexual Assault With an Object	<input type="checkbox"/> Statutory Rape
<input type="checkbox"/> Forcible Fondling	

Other: _____

Narrative (attach additional sheets if necessary)

Victim/Compliant Information

Name: _____ College ID Number: _____
Home Address: _____
Phone Number: _____ Email: _____
Date of Birth: _____ Student Visitor Faculty Staff Other: _____

Respondent/Person in Potential Violation

Name: _____ College ID Number: _____
Home Address: _____
Phone Number: _____ Email: _____
Date of Birth: _____ Student Visitor Faculty Staff Other

Additional Information

Emergency Personnel Called? Yes No If yes, who? _____

Treated by Physician? Yes No If yes, name of Physician: _____

Police Report #: _____ Arrest Made: Yes No

Date of Report _____ Print Name: _____

Signature: _____ Title: _____