

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

**Clery/Safety 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? \_\_\_\_\_  
Transported to Medical Facility?  Yes  No      If yes, By Whom: \_\_\_\_\_  
Did they refuse treatment?  Yes  No  
Police Report #: \_\_\_\_\_      Arrest Made:  Yes  No  
Date of Report \_\_\_\_\_      Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_      Title: \_\_\_\_\_