

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

Clery Report Form

Date of Accident/Incident/Complaint

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

Location of Accident/Incident/Complaint

Campus: _____

Event Type:

Criminal Offenses	Hate Crimes	VAWA Offenses
<input type="radio"/> Criminal Homicide	<input type="radio"/> Larceny-Theft	<input type="radio"/> Domestic Violence
<input type="radio"/> Sexual Assault	<input type="radio"/> Simple Assault	<input type="radio"/> Dating Violence
<input type="radio"/> Robbery	<input type="radio"/> Intimidation	<input type="radio"/> Stalking
<input type="radio"/> Aggravated Assault	<input type="radio"/> Destruction/Damage/Vandalism of Property	Arrests & Referrals for Disciplinary Action
<input type="radio"/> Burglary		<input type="radio"/> Weapons Law Violations
<input type="radio"/> Motor Vehicle Theft		<input type="radio"/> Drug Abuse Violations
<input type="radio"/> Arson		<input type="radio"/> Liquor Law Violations

Other: _____

Narrative (attach additional sheets if necessary)

Victim/Complanant 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: _____
 Police Report #: _____ Arrest Made: ___ Yes ___ No
 Date of Report _____ Print Name: _____
 Signature: _____ Title: _____