

**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:

Foreible Non-forcible  
☐ Foreible Sodomy ☐ Incest  
☐ Sexual Assault With an Object ☐ Statutory Rape  
☐ Foreible Fondling

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

**Other:** \_\_\_\_\_

**Narrative** (attach additional sheets if necessary)

**Victim/~~Compliant~~Complainant 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: \_\_\_\_\_