

Volunteer State Community College Crime Incident Report Form

This form should be completed by individuals identified as “campus security authorities – CSA’s” who are required to report information received about crimes pursuant to the federal *Clery Act*. The information collected from these forms will be used to prepare statistical crime information that will be included in the campus’ Annual Security Report. It is the policy of Volunteer State Community College (VSCC) to ensure that victims and witnesses are aware of their right to report criminal acts to the police and to report College policy violations to the appropriate office (e.g. Title IX violations to the Office of Human Resources or student conduct violations to the Office of Student Services). VSCC Campus Police will use this form to determine the category of crime and location under which the crime should be reported according to the requirements of the *Clery Act*. By calling VSCC Campus Police Department, CSA reporting requirement is met and this form does NOT need to be completed.

***If the reporting person is willing to speak directly with police,
contact VSCC Campus Police at (615) 230-3595.***

Return the completed form to the VSCC Campus Police Department:

Hand Deliver to: VSCC Campus Police Department, Wood Campus Center, Room 105

Or

Fax to: (615) 230-4810

Section 1 – Campus Security Authority – Please identify yourself and the person reporting this to you.

(Identify Yourself Here)	(Identify Person Reporting Here)	
Name:	Name:	<input type="checkbox"/> Victim
Title:	Address:	<input type="checkbox"/> Witness
Dept:	Phone:	<input type="checkbox"/> Other (please explain)
Phone:	Email:	
Email:		
Today’s Date:		

Section 2 – Date and Location of Incident –be as specific as possible.

- If incident occurred inside a building, identify the address, building name, floor and room number.
- If incident occurred outside, describe the nearest street address or intersection, whether on the street, sidewalk, parking lot, or inside a vehicle. Be as specific as possible, include any nearby landmarks.

Incident Date:	<input type="checkbox"/> Occurred Inside	<input type="checkbox"/> Occurred Outside
Incident Address:	<input type="checkbox"/> College Owned, Controlled, or Leased Building	<input type="checkbox"/> Street <input type="checkbox"/> Sidewalk <input type="checkbox"/> Parking lot
Building name, floor, room #	<input type="checkbox"/> Other Building	<input type="checkbox"/> Vehicle
Further Description of Location:		<input type="checkbox"/> College Sponsored Event or Activity

Section 3 – Description of the Incident – As clearly as possible, describe the incident as reported to you.

- Describe how, when and where the incident occurred.
- Describe the nature of any injuries.
- Describe how and when the incident was reported to you.
- Check the all boxes that apply to this to the incident.

To the best of your ability, indicate which of the following apply to this incident:

- | | |
|---|--|
| <input type="checkbox"/> Murder and Non-Negligent Manslaughter | <input type="checkbox"/> Alcohol, Drug, or Weapons violation in which the person was either: |
| <input type="checkbox"/> Negligent Manslaughter | <input type="checkbox"/> Summoned, cited or arrested by police or |
| <input type="checkbox"/> Forcible Sex Offense (Rape, Fondling) <i>Title IX</i> | <input type="checkbox"/> Referred for internal student discipline hearings |
| <input type="checkbox"/> Non-forcible Sex Offense
(Statutory Rape, Incest) <i>Title IX</i> | <input type="checkbox"/> Hate Crime – any crime committed with a bias toward the victim's |
| <input type="checkbox"/> Robbery | <input type="checkbox"/> Race |
| <input type="checkbox"/> Aggravated Assault | <input type="checkbox"/> Gender |
| <input type="checkbox"/> Burglary | <input type="checkbox"/> Gender Identity |
| <input type="checkbox"/> Motor Vehicle Theft | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Domestic Violence <i>Title IX</i> | <input type="checkbox"/> Sexual Orientation |
| <input type="checkbox"/> Dating Violence <i>Title IX</i> | <input type="checkbox"/> Ethnicity |
| <input type="checkbox"/> Stalking <i>Title IX</i> | <input type="checkbox"/> National Origin |
| | <input type="checkbox"/> Disability |

Narrative:

Attach additional pages if necessary – take as much space as needed.