Southern Union State Community College Accident/Incident/Crime Report Form Incident Reporting Form

Southern Union State Community College is committed to the safety, security, care, and welfare of its community and to ensuring that the campus environment is conducive to learning, teaching, civility, and working. In order to provide such an atmosphere, this form has been created to assess potential problems with individuals that may have violated College policies and procedures or present a danger to themselves or others. In order to take this proactive approach, we ask that faculty, staff, and students who are concerned about a person and/or his/her behavior complete the Incident Reporting Form below. This form should be completed by any campus police officer, security personnel, college official or staff member in which there has been a threat of death or injury to any person, loss or damage to college property or the property of any person while on campus property, serious disruption of college operations, illegal activity of any sort or campus crimes pursuant to the federal Clery Act. Completed forms should be submitted to the persons listed below or to any college personnel who will forward report to persons below.

The SUSCC Police Department strongly encourages all victims and witnesses to report criminal activity immediately to the police agency where the crime occurred.

We are also aware that under certain circumstances a person may feel that they do not wish to make a formal report and would prefer to have their information and identity remain confidential. If you wish to make a Confidential Crime Report, please provide as much information as you are willing. Your personal information will remain as confidential as allowed under the law.

A Confidential Crime Report is not the same as a Police Report that is filed and investigated by the police department. Because our investigator will have little information to go on, we are unlikely to prosecute any crime reported confidentially. However, you may find it useful to make this report in case you need to document the incident for future reference. SUSCCPD will also keep your confidential report in mind as a reference for other such incidents that might be reported by others.

Your support of this process is essential. Together we can help ensure a safe, supportive learning environment.

It is the policy of the Alabama Department of Postsecondary Education including all postsecondary institutions under the control of the Alabama State Board of Education, that no person shall, on the grounds of race, color, disability, sex, religion, creed, national origin, or age, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program, activity, or employment.

Please submit reports to:

Jimmy Holmes Chief of Police 256-395-2211 Ext: 5823	Tiffany Sanders Dean of Students 256-395-2211 Ext: 5150/5350
Is report being made anonymously: () Yes () No	
Person making report:	() Same as victim
Victim of Accident/Incident/Crime/Rule Violation:	
Nature of Accident/Incident/Crime/Rule Violation:	
a. Sexual Offense: () Yes () No Explination	
b. Alcohol/Drugs/Weapon Involvement: () Yes () No Explination	
c. Hate or Bias Motivated: () Yes () No Explination	
d. Was incident related to a Domestic Violence situation: () Yes () No Explaintion	0
Date and Time of Report: Date and Time of Inciden	t:

Location of Incident:						
Compusive data incident accurred. () Wadlay	() Onalika	() Opelika (Downtown)				
Campus where incident occurred: () Wadley	() Оренка	() Opelika (Downtown)	() valley			
Location of incident: () Residence Hall () Off Campus Function () Other Area:						

Names and contact information on offenders/suspects: Name: ______ Student ID#: _____ Room/Contact #: _____ Name: ______ Student ID#: _____ Room/Contact #: ______ Name: ______ Student ID#: _____ Room/Contact #: _____ Name: ______ Student ID#: _____ Room/Contact #: _____ Names and contact information of witnesses: Name: ______ Student ID#: _____ Room/Contact #: _____ Detailed Narrative:

Victim Signature:		 Date:		
Reporting Officer/Official:	·	(Print)	Job Title:	
		 (Signatu	ıre)	