

Complaint Form

Westmoreland County Community College (WCCC) has an expectation that employees, students, third party vendors, and guests/visitors will share information they receive about violation of WCCC's Civil Rights/Title IX Policy. This form is intended to convey information needed to track WCCC's response to incidents being reported, as well as to assess the danger the incident may represent to the community at large. Annual statistical information may be based on this report, as the need may be to make timely warnings to the community, for the protection of those who may be at risk.

Instructions: Fill in all fields that apply. Report only one incident per form. Take more space than is given on this form, as necessary, to complete the descriptions. You should return this form to your supervisor, campus safety, or anyone listed in the policy within 24 hours of becoming aware of any report.

Case No.:

Your Name:		Position/Department:			
Telephone:		Email:			
Address (Street, City, State, Zip Code):					
Check one:	<input type="checkbox"/> Employee	<input type="checkbox"/> Student	<input type="checkbox"/> Third Party Vendor	<input type="checkbox"/> Guest/Visitor	
Reported to you by:	<input type="checkbox"/> Victim	<input type="checkbox"/> Witness	<input type="checkbox"/> Third Party	<input type="checkbox"/> Anonymous	
Report date:	Incident Date:		Incident Time:		
Where did incident occur (specific building, room, or other):					
If you wish to avoid specifics, check one of the following (see reverse for category descriptions):					
On site:	<input type="checkbox"/> Youngwood	<input type="checkbox"/> ATC	<input type="checkbox"/> Bushy Run	<input type="checkbox"/> Fayette	<input type="checkbox"/> Greene
	<input type="checkbox"/> Indiana	<input type="checkbox"/> Latrobe	<input type="checkbox"/> Mon Valley	<input type="checkbox"/> New Kensington	<input type="checkbox"/> Public Safety Training Center
<input type="checkbox"/> College-related function-please specify:					
<input type="checkbox"/> Off site		<input type="checkbox"/> Public property		<input type="checkbox"/> Other:	
Did anyone seek medical attention?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Please describe:		
Please describe incident in as much detail as possible:					
Do you have reason to believe this incident represents a present threat of harm or danger to the victim or others?					
<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, why:			
Was a weapon involved?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Number of assailants/perpetrators:		
If single assailant, describe:	Gender:	Race:	Age:	Height:	Weight:
Role of assailant on campus:	<input type="checkbox"/> Student	<input type="checkbox"/> Faculty	<input type="checkbox"/> Staff	<input type="checkbox"/> No campus role	<input type="checkbox"/> Unknown
Name of alleged assailant:					
Was there any evidence that this incident was motivated by the victim's (check all that apply):					
<input type="checkbox"/> Race/Color	<input type="checkbox"/> National Origin/Ancestry	<input type="checkbox"/> Age	<input type="checkbox"/> Sex		
<input type="checkbox"/> Disability	<input type="checkbox"/> Sexual Orientation	<input type="checkbox"/> Religion	<input type="checkbox"/> Other Legally Protected Class		
Have you brought this matter to the attention of any other person or department(s) at the College? If so, please list name(s) of all others with whom you have discussed this matter.					

