Imperial Valley College
Student's Right To Know
College Incident Report

Office Use Only

Case No: _____
Date: _____

Full Name: _____ Date: _____
Last First MI

IVC ID # or SSN #.: _____ Email address: _____

Address: _____ _____ _____ _____
Number Street City State Zip Code

Telephone #: _____ Check one: **Student ☐ Staff ☐ Guest/Visitor ☐ Other ☐** _____

Report Made By: **☐ Victim ☐ Witness ☐ Other:** _____

INCIDENT: (Please Check One):

□ Murder	□ Rape	□ Motor Vehicle Accident	□ Arson
□ Theft	□ Sexual Assault	□ Motor Vehicle Theft	□ Drug Law Violation
□ Robbery	□ Aggravated Assault	□ Property Damage	□ Liquor Law Violation
□ Burglary	□ Injury	□ Weapons Possession	□ Vandalism
□ Other (please specify): _____		□ Hate crime (please specify): _____	

Date of incident: _____ **Day of the Week**: M T W R F S SU

Time of incident: ____:____ a.m./p.m. Location of incident: _____

Reported to: _____ Other: _____

DETAILS (please explain):
Note: Describe the facts of the incident. Please include all information that may be relevant. Please print clearly

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(Print legibly. Attach additional pages if necessary)

Action Taken: Were authorities/law enforcement notified? Yes ☐ No ☐ CHP ☐ Sheriff ☐

Case Number: _____ Other: _____

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_____

Student's Signature: _____ Date: _____

Name of Staff/Security: _____ ID # _____ Date: _____

Please submit completed form to: IVC PARKING CONTROL OFFICE (building 517).

IVC Parking Control Office/Security
PO Box 158
Imperial, CA 92251
760-355-6308 / 760-355-6306 / FAX: 760-355-6309