Threat Concern Report

This form is to be used to report concerns of unusual activities or behavior originating from a student, faculty or staff member, or any person(s) associated with Seward Community College/Area Technical School. Concerns may be threats to self or others, acts of aggression and/or disruptive behavior. Your cooperation is very much appreciated. If you feel you do not want to complete this form, PLEASE visit, call or email any faculty member. Security can be reached at 620-417-1180, security@sccc.edu.

Date	
Your Name We may need to obtain further informati	(Recommended But Not Required. ion that may be vital to a safety concern.)
Your Phone Number(s)	
Your Relationship to College	(Student, Faculty, Staff, Other, etc.)
Threat or Concern Information	
Date of ThreatT	Time of Threat
Location of Threat or concern	
Name of Person or Group Making Threat	
Description of Person/Group Making Threa	t if Name is Unknown
What was said or done to indicate or suppor	rt a threat or concern?
(Attach Additional Sheets as Needed)	

ROUTING: Forms may be submitted by email to the Dean of Students at: celeste.donovan@sccc.edu, directly to the Counseling offices in the SCCC building or by calling 620-417-1016.