

2015 Campus Safety and Security Survey

Institution Information

Institution: Main Campus (235422001)

User ID: C2354221

Registration

Required fields are indicated with asterisks ().

Heritage University (Main Campus) (235422001)	
First Name*	<input type="text" value="Siri"/>
Last Name*	<input type="text" value="Strom"/>
Title*	<input type="text" value="VP Support Services"/>
Address 1*	<input type="text" value="3240 Fort Road"/>
Address 2	<input type="text"/>
City*	<input type="text" value="Toppenish"/>
State*	<input type="text" value="Washington"/>
Zip*	<input type="text" value="98948"/> - <input type="text"/>
Phone*	<input type="text" value="509"/> - <input type="text" value="865"/> - <input type="text" value="8613"/>
Extension	<input type="text"/>
Fax	<input type="text" value="509"/> - <input type="text" value="865"/> - <input type="text" value="8662"/>
E-mail Address*	<input type="text" value="strom_s@heritage.edu"/>
Confirm E-mail Address*	<input type="text"/>
Comment	<p>* Please use this box if you would like to provide additional contact information such as a cell phone number or the best time to reach you if there are questions about your survey. Also, if the person listed above is not the person who enters the data, please provide the name and contact information for the person who enters the data. This information is for the survey help desk staff only. It will not be seen by the public.</p> <p>Rob Carroll, Director of Plant 509-865-8500 x 1405 509-901-7838 Cell</p>

Identification

Please enter/review all applicable information. Required fields are indicated with asterisks ().

Institution Information

Institution Name	Heritage University		
Address	3240 Fort Rd Toppenish, WA 98948		
Web Address	http://www.heritage.edu		
Chief Administrative Officer's Name*	John Bassett		
Chief Administrative Officer's Title*	President		
Chief Administrative Officer's E-mail Address*	bassett_j@heritage.edu		
Telephone*	509	- 865	- 8508 Ext. <input type="text"/>

Campus Information

Campus Name*	Main Campus		
Description	<input type="text"/>		
Location*	<input checked="" type="radio"/> State or Outlying Area <input type="radio"/> Other Country		
Address*	3240 FORT RD		
City*	TOPPENISH		
State or Outlying Area*	Washington		
ZIP Code*	98948	- <input type="text"/>	
County	YAKIMA		

Campus Safety Officer

Name*	Rob Carroll		
Title*	Director Security		
Location*	<input checked="" type="radio"/> State or Outlying Area <input type="radio"/> Other Country		<input type="checkbox"/> Address same as campus
Address*	3240 Fort Road		
City*	TOPPENISH		
State or Outlying Area*	Washington		
ZIP Code*	98948	- <input type="text"/>	
Telephone*	509	- 865	- 8500 Ext. 1405
Email Address*	carroll_r@heritage.edu		

Campus Fire Safety Officer

Name*	Rob Carroll
Title*	Director Security
Location*	<input checked="" type="radio"/> State or Outlying Area <input type="radio"/> Other Country <input type="checkbox"/> Address same as campus
Address*	3240 Fort Road
City*	TOPPENISH
State or Outlying Area*	Washington
ZIP Code*	98948 - <input type="text"/>
Telephone*	509 - 865 - 8500 Ext. 1405
E-mail Address*	carroll_r@heritage.edu

Lead Title IX Coordinator

Name*	Rob Carroll
Title*	Director Security
Location*	<input checked="" type="radio"/> State or Outlying Area <input type="radio"/> Other Country <input type="checkbox"/> Address same as campus
Address*	3240 Fort Road
City*	TOPPENISH
State or Outlying Area*	Washington
ZIP Code*	98948 - <input type="text"/>
Telephone*	509 - 865 - 8500 Ext. 1405
Email Address*	carroll_r@heritage.edu
Does your Institution have other designees who share these responsibilities? *	<input type="radio"/> Yes <input checked="" type="radio"/> No

Update Status

Date Completed	9/21/2015
Update Status	Updated