

# 2017 Campus Safety and Security Survey

## Institution Information

Institution: Main Campus (150172001)

User ID: C1501721

## Registration

\*Required fields are indicated with asterisks (\*).

Calumet College of Saint Joseph (Main Campus) (150172001)	
First Name*	Gene
Last Name*	Kessler
Title*	VP for Facilities & Technology
Address 1*	2400 New York AVE
Address 2	
City*	Whiting
State*	Indiana
Zip*	46394 - 2146
Phone*	219 - 473 - 4299
Extension	
Fax	
E-mail Address*	GKESSLER@CCSJ.EDU
Confirm E-mail Address*	
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>

# Identification

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

## Institution Information

Institution Name	Calumet College of Saint Joseph		
Address	2400 New York Ave Whiting, IN 46394		
Web Address	<input type="text" value="http://www.ccsj.edu"/>		
Chief Administrative Officer's Name*	<input type="text" value="Amy McCormack"/>		
Chief Administrative Officer's Title*	<input type="text" value="President"/>		
Chief Administrative Officer's E-mail Address*	<input type="text" value="amccormack@ccsj.edu"/>		
Telephone*	<input type="text" value="219"/>	<input type="text" value="473"/>	<input type="text" value="7770"/> Ext. <input type="text"/>

## Campus Information

Campus Name*	<input type="text" value="Main Campus"/>		
Description	<input type="text"/>		
Location*	<input checked="" type="radio"/> State or Outlying Area <input type="radio"/> Other Country		
Address*	<input type="text" value="2400 New York Ave."/>		
City*	<input type="text" value="Whiting"/>		
State or Outlying Area*	<input type="text" value="Indiana"/>		
ZIP Code*	<input type="text" value="46394"/>	<input type="text" value="2146"/>	
County	<input type="text" value="Lake County"/>		

## Campus Safety Officer

Name*	<input type="text" value="Gene Kessler"/>		
Title*	<input type="text" value="VP for Facilities &amp; Technology"/>		
Location*	<input checked="" type="radio"/> State or Outlying Area <input type="radio"/> Other Country <input type="checkbox"/> Address same as campus		
Address*	<input type="text" value="2400 New York Ave."/>		
City*	<input type="text" value="Whiting"/>		
State or Outlying Area*	<input type="text" value="Indiana"/>		
ZIP Code*	<input type="text" value="46394"/>	<input type="text" value="2146"/>	
Telephone*	<input type="text" value="219"/>	<input type="text" value="473"/>	<input type="text" value="4299"/> Ext. <input type="text"/>
Email Address*	<input type="text" value="gkessler@ccsj.edu"/>		

**Campus Fire Safety Officer**

Name*	Gene Kessler
Title*	VP for Facilities & Technology
Location*	<input checked="" type="radio"/> State or Outlying Area <input type="radio"/> Other Country <input type="checkbox"/> Address same as campus
Address*	2400 New York Ave.
City*	Whiting
State or Outlying Area*	Indiana
ZIP Code*	46394 - 2146
Telephone*	219 - 473 - 4299 Ext. <input type="text"/>
E-mail Address*	gkessler@ccsj.edu

**Lead Title IX Coordinator**

Name*	Dionne Jones-Malone
Title*	Vice President of Enrollment and Retention
Location*	<input checked="" type="radio"/> State or Outlying Area <input type="radio"/> Other Country <input type="checkbox"/> Address same as campus
Address*	2400 New York Ave.
City*	Whiting
State or Outlying Area*	Indiana
ZIP Code*	46394 - 2146
Telephone*	219 - 473 - 4305 Ext. <input type="text"/>
Email Address*	djonesmalone@ccsj.edu
Does your Institution have other designees who share these responsibilities? *	<input checked="" type="radio"/> Yes <input type="radio"/> No

**Update Status**

Date Completed	9/19/2017
Update Status	Updated