

# 2018 Campus Safety and Security Survey

## Institution Information

Institution: Main Campus (219806001)

User ID: C2198061

## Registration

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

Carson-Newman University (Main Campus) (219806001)	
First Name*	Steven
Last Name*	Lake
Title*	Director
Address 1*	Department of Public Safety
Address 2	2209 Branner Ave
City*	Jefferson City
State*	Tennessee
Zip*	37919 -
Phone*	- -
Extension	
Fax	- -
E-mail Address*	
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	Carson-Newman University
Address	1646 S Russell Ave Jefferson City, TN 37760
Web Address	http://www.cn.edu
Chief Administrative Officer's Name*	Dr. J. Randall O'Brien
Chief Administrative Officer's Title*	President
Chief Administrative Officer's E-mail Address*	[REDACTED]
Telephone*	[REDACTED] - [REDACTED] - [REDACTED] Ext. [REDACTED]

Campus Information	
Campus Name*	Main Campus
Description	
Location*	<input checked="" type="radio"/> State or Outlying Area <input type="radio"/> Other Country
Address*	1646 S RUSSELL AVE
City*	JEFFERSON CITY
State or Outlying Area*	Tennessee
ZIP Code*	37760 - [REDACTED]
County	JEFFERSON

Campus Safety Officer	
Name*	Steven W. Lake
Title*	Director of the Department of Public Safety
Location*	<input checked="" type="radio"/> State or Outlying Area <input type="radio"/> Other Country <input type="checkbox"/> Address same as campus
Address*	2209 Branner Ave
City*	JEFFERSON CITY
State or Outlying Area*	Tennessee
ZIP Code*	37760 - [REDACTED]
Telephone*	[REDACTED] - [REDACTED] - [REDACTED] Ext. [REDACTED]
Email Address*	[REDACTED]

**Campus Fire Safety Officer**

Name*	Lee Turner
Title*	Chief and Fire Marshal
Location*	<input checked="" type="radio"/> State or Outlying Area <input type="radio"/> Other Country <input type="checkbox"/> Address same as campus
Address*	PO Box 530
City*	Jefferson City
State or Outlying Area*	Tennessee
ZIP Code*	37760 - <input type="text"/>
Telephone*	<input type="text"/> - <input type="text"/> - <input type="text"/> Ext. <input type="text"/>
E-mail Address*	<input type="text"/>

**Lead Title IX Coordinator**

Name*	Elaine Smith
Title*	Director of Human Resources / Title IX Officer
Location*	<input checked="" type="radio"/> State or Outlying Area <input type="radio"/> Other Country <input type="checkbox"/> Address same as campus
Address*	1646 S RUSSELL AVE
City*	Jefferson City
State or Outlying Area*	Tennessee
ZIP Code*	37760 - <input type="text"/>
Telephone*	<input type="text"/> - <input type="text"/> - <input type="text"/> Ext. <input type="text"/>
Email Address*	<input type="text"/>
Does your Institution have other designees who share these responsibilities? *	<input type="radio"/> Yes <input checked="" type="radio"/> No

**Update Status**

Date Completed	10/1/2018
Update Status	Updated