



INCIDENT FORM

Instructions: College employees/students/guest are to complete this form as a written record of any reported incident occurring on campus. An incident is defined as any occurrence related to personal health or safety (e.g., accident, injury, or illness), any occurrence related to criminal activity (e.g., theft, assault), or any occurrence related to property damage (e.g., flood, explosion). Return/email completed forms to the Campus Security Department.

First Name:				Middle Initial:		Last Name:			
EMPLID:				DOB:		Social Security Number (optional):			
Current Mailing Address:						Email:			
City:			County:			State:		Zip Code:	
Primary phone:				Alternate Phone:			Gender:		
Secondary Contact Name:				Phone:			Relationship:		
Date of Incident? _____			Location in Which Incident Occurred?						
Time of Incident? _____									
Type of Incident:				Notified:					
Accident:				Law Enforcement:			Other:		
Criminal Activity:				Fire Department:			If other, please explain:		
Personal Property Damage:				Ambulance:					
College Property Damage:				Utility Company:					
Illness:				State Agency:					
Injury:				No Authority Notified:					
List the Names, Address, and Telephone Numbers of All Persons Involved:									

List the Names, Address, and Telephone Numbers of Any Witnesses:

Describe the Incident

Needs Identified:

Action Plan (Campus Security/Police Use Only):