Division of Student Enagagement

INCIDENT REPORT FORM

1. GENERAL INFORMATION

Name of Person filing report:_____

Date of Report: _____ Student Identification #_____

Time of Report: _____ Date of Incident:_____

Time of Incident:_____ Location of Incident:_____

Is there any Video or Picture Evidence of the Incident? Yes _____ or No _____

2. INJURIES OR DAMAGES:

Was anyone injured? ☐ Yes ☐ No. If yes, describe the injury and any first aid or medical attention provided

Was property damaged? ☐ Yes ☐ No. If yes, describe the damage:

3.Individual(s) Involved or Witnesses (if any)

Name	Student ID #	Phone #	Statement Taken Yes or No

2. DESCRIPTION OF INCIDENT

Describe what happened (include specific details such as actions, events, and sequence):

Continue describing on the next page:

Person who filed Complaint: _____Date_____

Report Made by: _____ Date: _____