# Blank_Incident_Report_Form_INSERT.jpg

**General Nature of Incident (select all that apply):**

|  |  |
| --- | --- |
|  | Inappropriate Conduct Student |
|  | Stolen, Missing or Damaged Equipment |
|  | Personal Injury Staff |
|  | Personal Injury Student |
|  | Other: |

|  |  |  |
| --- | --- | --- |
| **University Location:** | **Date:** | **Time:** |
| **Address or Location on Campus:** | **City, State:** | **Zip:** |
| **Name of Person Involved:** | **Gender:** | **Age:** |
| **Full Name of Witness(es):** | | |
| **Detailed Description of Incident (what occurred, who was involved, where it occurred):** | | |
| **Action Taken and/or Treatment Given:** | | |
| **Any Property Lost, Stolen or Damaged:** | | |
| **Nature and Extent of Any Personal Injury:** | | |
| **Warning Level for Inappropriate Conduct:**  **Initial**  **Final** | | |

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| --- |
| **PARENT COMMUNICATION of Incident** |
| **Were parents notified?**  **Yes**  **No**  **Who notified the parents?**  **How and When were the parents notified (time, date and day)?** |
| **Parent/Guardian Name:**  **Home Address:**  **Home Phone:**  **Alternate or Cell Phone:** |
| **Parent/Guardian Response:** |

|  |  |
| --- | --- |
| **TREATMENT GIVEN (See options below. Fill in all that apply.)** | |
| Accident Site | **Treatment Given:**  **Where:**  **By Whom:**  **Released to:** |
| Doctor’s Office | **Treatment Given:**  **Where:**  **By Whom:**  **Released to:** |
| Hospital | **Treatment Given:**  **Where:**  **Name of Attending Physician:**  **Retained overnight:**   **Yes**  **No**  **Released to:**  **Release date:**  **Comments:** |

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| --- | --- | --- |
| **FILING INFORMATION & SIGNATURES** | | |
| |  |  | | --- | --- | |  | Regional Manager: | |  | Police Department | |  | Fire Department | |  | Campus Security | |  | Other: |   **Report Filed With (select all that apply):** | | |
| Signature of Reporter: | Printed Name of Reporter: | Date: |
| Signature of Person Involved: | Date: | |