

# INCIDENT REPORT

Report No.: \_\_\_\_\_

Reporter: \_\_\_\_\_  
*Last Name, First Name*

Contact Number(s): \_\_\_\_\_

Email: \_\_\_\_\_ Report received from:  Victim  Witness  Family/Friend  
 Offender  Other: \_\_\_\_\_

College Student (Post-secondary), School ID #: \_\_\_\_\_  Employee, Employee ID #: \_\_\_\_\_

High School Student (Secondary), School ID #: \_\_\_\_\_  Visitor

Vendor, Company or Agency: \_\_\_\_\_

## INCIDENT DETAILS

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_ Semester / Term: \_\_\_\_\_

Location: \_\_\_\_\_ Room # / Other: \_\_\_\_\_

## TYPE OF INCIDENT

- |   |   |
|---|---|
| <input type="checkbox"/> Accident/ Personal Injury                | <input type="checkbox"/> Liquor Law Violations  |
| <input type="checkbox"/> Aggravated Assault                       | <input type="checkbox"/> Manslaughter by Negligence   |
| <input type="checkbox"/> Arson                                    | <input type="checkbox"/> Missing Property   |
| <input type="checkbox"/> Burglary                                 | <input type="checkbox"/> Motor Vehicle Theft (Do not include theft <i>from</i> a motor vehicle) |
| <input type="checkbox"/> Dating Violence                          | <input type="checkbox"/> Murder/Non-Negligent Manslaughter                                      |
| <input type="checkbox"/> Destruction/Damage/Vandalism of Property | <input type="checkbox"/> Robbery  |
| <input type="checkbox"/> Domestic Violence                        | <input type="checkbox"/> Safety Concern   |
| <input type="checkbox"/> Drug Abuse Violations                    | <input type="checkbox"/> Sex Offenses-Forcible (Rape)   |
| <input type="checkbox"/> Drugs/Alcohol                            | <input type="checkbox"/> Sex Offenses-Non-Forcible (Incest and Statutory Rape)                  |
| <input type="checkbox"/> Fondling                                 | <input type="checkbox"/> Sexual Harassment  |
| <input type="checkbox"/> Harassment                               | <input type="checkbox"/> Simple Assault   |
| <input type="checkbox"/> Hit and Run (Person or Vehicle)          | <input type="checkbox"/> Smoking/Chewing/Betel Nut  |
| <input type="checkbox"/> Indecent Behavior (Language or Conduct)  | <input type="checkbox"/> Stalking   |
| <input type="checkbox"/> Intimidation                             | <input type="checkbox"/> Trespassing  |
| <input type="checkbox"/> Larceny/Theft                            | <input type="checkbox"/> Weapons: Carrying, Possessing, Etc.                                    |
| <input type="checkbox"/> Other: _____                             |   |

### Hate Crime

(In conjunction with above and/or below listed incidents)

- |  |                                      |                                       |
|--|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Bodily Injury | <input type="checkbox"/> Vandalism   | <input type="checkbox"/> Intimidation |
| <input type="checkbox"/> Theft         | <input type="checkbox"/> E-messaging | <input type="checkbox"/> Telephone    |
| <input type="checkbox"/> Other: _____  |                                      |                                       |

### Include Category of Bias

- |  |   |
|--|---|
| <input type="checkbox"/> Disability      | <input type="checkbox"/> National Origin    |
| <input type="checkbox"/> Ethnicity       | <input type="checkbox"/> Race               |
| <input type="checkbox"/> Gender          | <input type="checkbox"/> Religion           |
| <input type="checkbox"/> Gender Identity | <input type="checkbox"/> Sexual Orientation |

# INCIDENT REPORT

## DESCRIPTION OF INCIDENT:

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

Was a Police Report filed?  Yes, *Date Filed:* \_\_\_\_\_  No  Unknown

Case #: \_\_\_\_\_

Name of Officer: \_\_\_\_\_

Police Report Description:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Action Taken:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

**James Fathal**  
Program Specialist, Student Support Services (SSS)

\_\_\_\_\_

Date