

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:

Arjay A. Reyes
Program Specialist, Student Support Services (SSS)

Date