# 2000-5-2 Appendix B: Incident Report Form

## Incident Details

|  |  |
| --- | --- |
| Today’s Date:  | Click or tap to enter a date. |
| Name of Individual Reporting: | Click or tap here to enter text. |
| Employee/Student Group: | [ ]  Faculty[ ]  Staff[ ]  Student[ ]  Administration |
| Date of Incident: | Click or tap to enter a date. |

## Incident Report Questions

1. Name(s) of individual(s) involved in the incident:

Click or tap here to enter text.

1. When and where did the incident occur?

Click or tap here to enter text.

1. What happened immediately prior to the incident?

Click or tap here to enter text.

1. What incidents triggered this event?

Click or tap here to enter text.

1. What specific language occurred during the incident?

Click or tap here to enter text.

1. What physical conduct would substantiate this report?

Click or tap here to enter text.

1. How did the individual appear – physically and emotionally?

Click or tap here to enter text.

1. How was the incident resolved?

Click or tap here to enter text.

1. What happened to the individuals after the incident?

Click or tap here to enter text.

1. What happened to the other students or employees, who were directly involved, after the incident?

Click or tap here to enter text.

1. Are you aware of any history leading up to this event?

Click or tap here to enter text.

1. Please provide names of any administrators, teachers or staff involved and describe how they responded.

Click or tap here to enter text.

1. Please provide names of any witnesses to this event.

Click or tap here to enter text.

1. Do you have any suggestions or steps to ensure the incident will not happen in the future?

Click or tap here to enter text.

1. What direction was provided to the student?

Click or tap here to enter text.

1. Other comments:

Click or tap here to enter text.

Signature:

Date: Click or tap to enter a date.

Upon completion of this form, immediately forward to your manager or the Registrar.