



American University of Kuwait Incident Report Form

Use this form to report incidents on campus, accidents, and concerns about behavior
Attach additional sheets as needed

Individuals Involved

Name _____ ID #: _____ Phone #: _____

Name _____ ID #: _____ Phone #: _____

Name _____ ID #: _____ Phone #: _____

Name _____ ID #: _____ Phone #: _____

Location of Incident: _____ **Date:** _____ **Time:** _____

The above individual(s) have exhibited the following behaviors or actions (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Screaming, inappropriate volume and/or language (profanity) | <input type="checkbox"/> Medical Incident/ Problem/Injury
Identify: _____ |
| <input type="checkbox"/> Willful disobedience or defiance of professor/instructor/AUK official | <input type="checkbox"/> Forgery, falsification, alteration, or misuse of university documents, records or ID |
| <input type="checkbox"/> Disruptive Classroom Behavior | <input type="checkbox"/> Furnishing false information to AUK or AUK personnel |
| <input type="checkbox"/> Damage to university property | <input type="checkbox"/> Theft or Loss (please list items on attached sheet) |
| <input type="checkbox"/> Would/Did not leave University premises when requested | <input type="checkbox"/> Possession or use of alcohol or illegal drugs on university property |
| <input type="checkbox"/> Fighting with another student or person | <input type="checkbox"/> Disorderly, lewd, indecent, or obscene conduct |
| <input type="checkbox"/> Verbally threatening another student/ university personnel or contract personnel (including security officers or cleaning staff) | <input type="checkbox"/> Unauthorized entry and/or use of university facilities |
| <input type="checkbox"/> Harassment of another student or university personnel | <input type="checkbox"/> Accident (please specify): _____ |
| <input type="checkbox"/> Other (Describe) _____ | |

Describe the behavior or incident in DETAIL (use additional sheets if necessary): _____

See reverse

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Witnesses (if applicable): Name: _____ Signature: _____ Ph#: _____

Name: _____ Signature: _____ Ph#: _____

Incident Report Form completed by:

Name: _____ Signature: _____ Date: _____

Phone Number: _____ E-mail Address: _____ Form submitted to: _____ (Dept.)

Follow-up action requested by the individual completing this form (check all that apply)

- For University information only. No follow-up requested
- Please follow-up accordingly
- Please follow-up accordingly & report back to me if any action is taken
- EMERGENCY. *If help is needed immediately seek assistance, complete this form following the event, and submit it to the appropriately areas right away.***

Completed form must be submitted as soon as possible (within 24 hours) as follows: please check all that apply

- (1) Incidents involving accidents, damage to AUK property, theft, security issues, etc (Director of Campus Services)
- (2) All Student Actions (Student Affairs)
- (3) All Faculty Involvement (Dean of Arts & Sciences)
- (4) All Staff Involved (Department Director)
- (5) All Injuries or accidents (Director of HR if includes staff/faculty injury / Student Affairs if includes student injury)

For Official Office Use Only

Dept: _____ Date Received: _____ Received By: _____

Follow-up action taken (check all that apply)

- No follow-up, Noted & Filed.
- Spoke with individuals regarding incident
- Referred to _____ for follow-up and/or _____
- Referred for disciplinary action
- Other: _____