

## **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"/> Medical Incident / Injury <input type="checkbox"/> Physical misconduct <input type="checkbox"/> Non-physical misconduct <input type="checkbox"/> Theft or damage to AUK property <input type="checkbox"/> Loss of property <input type="checkbox"/> Endangering behavior <input type="checkbox"/> Offensive, revealing, inappropriate clothing <input type="checkbox"/> Disorderly, indecent, inappropriate conduct <input type="checkbox"/> Alcohol / Substance abuse <input type="checkbox"/> Failure to identify or produce ID upon request <input type="checkbox"/> Unauthorized entry, use of university facilities and resources <input type="checkbox"/> Disruption of university operations	<input type="checkbox"/> Willful disobedience or defiance of AUK official <input type="checkbox"/> Forgery, alteration, or misuse of any AUK document, record, or ID <input type="checkbox"/> Falsely representing AUK / Unauthorized usage of university seal, logo and mascot <input type="checkbox"/> Obstruction of pedestrian / vehicle traffic <input type="checkbox"/> Production, viewing, storing, possessing and/or transmitting offensive material <input type="checkbox"/> Unauthorized soliciting or distribution of materials <input type="checkbox"/> Unauthorized pets on campus <input type="checkbox"/> Other: _____
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Describe the behavior or incident in detail (use additional sheets if necessary):

[illegible]

Incident Form completed by:					
Name:		ID #:		Phone #:	
Email:		Date:		Signature:	
<b>Follow-up action requested by the individual completing this form</b> <i>(check all that apply)</i> : <ul style="list-style-type: none"> <li><input type="checkbox"/> For University information only. No follow-up requested</li> <li><input type="checkbox"/> Please follow-up accordingly</li> <li><input type="checkbox"/> Please follow-up accordingly &amp; report back to me if any action is taken</li> <li><input type="checkbox"/> <b>EMERGENCY</b> – Submit right away to the appropriate department</li> </ul>					

**Completed form must be submitted as soon as possible (within 24 hours) as follows:**

- Incidents involving accidents, damage to AUK property, theft, security issues, etc. – Director of Campus Services
- Incidents involving students – Office of Student Life
- Incidents involving faculty – Department Chair or Dean of College
- Incidents involving staff – Department Director, Head of Division or Director of Human Resources

**For official use only**

Reference #: \_\_\_\_\_ Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_

**\*DEPT CODE, DATE, SERIAL# - Example – STA20161220(1)**

Follow-up action to be taken (check all that apply):

☐ No follow-up - Noted and Filed

☐ Investigate and follow-up the incident

☐ Refer to \_\_\_\_\_ for follow-up and/or \_\_\_\_\_

☐ Refer for disciplinary action

☐ Other - \_\_\_\_\_