

OFFICE OF RESIDENCE LIFE
INCIDENT REPORT

This report may be filed by a *Residence Director*, a *Resident Assistant*, or a Monroe College *Resident Student* to report an incident to the **Office of Residence Life**. It must be brief, factual and as accurate as possible and must be submitted **as soon as possible** after an incident occurs.

- | | | |
|--|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> ACCIDENT INSIDE / OUTSIDE | <input type="checkbox"/> DRUGS | <input type="checkbox"/> ALCOHOL |
| <input type="checkbox"/> DANGER or SECURITY RISK | <input type="checkbox"/> AGGRESSION | <input type="checkbox"/> SLIP / FALL |
| <input type="checkbox"/> ILLEGAL WEAPONS POSSESSIONS | <input type="checkbox"/> ASSAULT | <input type="checkbox"/> THEFT |

DATE AND TIME OF REPORT:

DAY _____ DATE ____ / ____ / ____ TIME: _____ AM/PM

PLEASE PRINT OR TYPE ALL INFORMATION

About the person filing the report

Full name _____ Title _____

Phone : _____ Campus Address: _____

About the incident

Day _____ Date ____ / ____ / ____ Time: _____ AM/PM

Location of the incident _____

Type of incident _____

Persons involved (List names and indicate whether student, faculty/staff, guest or visitor):

(OVER)

