|  |
| --- |
| **Incident** |
| **Incident Date:** |  | **Incident Time:** |  |
| **Incident Location:** |  |
| **Nature of Incident** (select all that apply)**:** |
| [ ]  | **Disciplinary**: [ ]  Noise [ ]  Damage [ ]  Theft [ ]  Fireworks [ ]  Alcohol - Degree of Offense: [ ]  Possession [ ]  Use [ ]  Intoxication |
|  | [ ]  Other: |  |
| [ ]  | **Injury/Illness**: |
| Nature: |  |
| Cause: |  |
| Taken to Medical Facility? | [ ]  Yes [ ]  No |
| If Yes, how Transported? |  |
| If Yes, where Taken? |  |
| [ ]  | **Crisis/Crime** |
| Nature: |  |
| Emergency Calls Made: | [ ]  Called 911[ ]  Called Campus Security (x8911) |
| [ ]  Other:  |  |
| [ ]  | **Other (Describe):** |  |
| **Individuals Involved** (include self if applicable)**:** |
| Name: |  | Address: |  |
| Name: |  | Address: |  |
| Name: |  | Address: |  |
| **Witnesses Involved** (include self if applicable)**:** |
| Name: |  | Address: |  |
| Name: |  | Address: |  |
| Name: |  | Address: |  |
| **Further Description/Immediate Action Taken**: |
|  |

|  |
| --- |
| **Reported By** |
| Reported By (Printed Name): |  |
| **Signature:** |  | **Date**: |  |
| Title/Role: | [ ]  Student [ ]  Faculty [ ]  Staff/Administration [ ]  Other: |

*Submit this form to Student Development (McMahan Student Center, TJones@Milligan.edu).*

|  |
| --- |
| **Student Development Use Only** |
| Received By(Printed Name): |  |
| **Signature:** |  | **Date**: |  |