|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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**: |  |