

INCIDENT REVIEW REPORT FORM

SUBMITTER INFORMATION _____ *Date of Report* _____

Last Name _____ First Name _____

Email _____ Contact Number _____

Affiliation _____ Dept _____
(ex Student, Faculty, Staff, Visitor, Etc)

DETAILS OF INCIDENT OR BEHAVIOR _____ *Date of Incident (if known)* _____

Location _____ Time of Incident _____

Type of Incident _____ (ex: verbal/physical aggression) Weapon Involved (and type)? _____

Name of Person of Concern (or Description) _____

Affiliation of Person of Concern _____
(ex Student, Faculty, Staff, Visitor, Etc)

How Did You Become Aware of Incident? _____

Injuries? _____ If Yes, Describe _____

Were You Personally Threatened? _____ Did You See Others Being Threatened? _____

Did You or Others Feel Threatened at the Time? _____ Feel Threatened Now? _____

Do You or Others Feel Uncomfortable Now Due to Incident? _____

Incident Description (include observed behaviors) _____

(Continue on Reverse if Needed)

How Was the Incident Terminated (ex: individual left on their own)? _____

Was There a Victim? _____ Were There Witnesses/Others Involved? _____

Victim(s) Name (if known) _____

Witness/Others Name(s) (if known) _____

Was Public Safety Notified? _____ Any Other Agency Notified (if yes, list) _____
