

Milligan College Incident Report Form

INCIDENT	
Incident Date: _____	Incident Time: _____
Incident Location: _____	
Nature of Incident (select all that apply):	
<input type="checkbox"/> Disciplinary: <input type="checkbox"/> Noise <input type="checkbox"/> Damage <input type="checkbox"/> Theft <input type="checkbox"/> Fireworks <input type="checkbox"/> Alcohol - Degree of Offense: <input type="checkbox"/> Possession <input type="checkbox"/> Use <input type="checkbox"/> Intoxication <input type="checkbox"/> Other: _____	
<input type="checkbox"/> Injury/Illness: Nature: _____ Cause: _____ Taken to Medical Facility? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, how Transported? _____ If Yes, where Taken? _____	
<input type="checkbox"/> Crisis/Crime Nature: _____ Emergency Calls Made: <input type="checkbox"/> Called 911 <input type="checkbox"/> Called Campus Security (x8911) <input type="checkbox"/> Other: _____	
<input type="checkbox"/> Other (Describe): _____	
Individuals Involved (include self if applicable):	
Name: _____	Phone: _____
Name: _____	Phone: _____
Name: _____	Phone: _____
Witnesses Involved (include self if applicable):	
Name: _____	Phone: _____
Name: _____	Phone: _____
Name: _____	Phone: _____
Further Description/Immediate Action Taken (Use Second Page if Necessary):	

REPORTED BY	
Reported By (Printed Name): _____	
Signature: _____	Date: _____
Title/Role: <input type="checkbox"/> Student <input type="checkbox"/> Faculty <input type="checkbox"/> Staff/Administration <input type="checkbox"/> Other:	

Submit this form to Student Development (McMahan Student Center, TJones@Milligan.edu) or Campus Security, wbnipper@milligan.edu.

CAMPUS SECURITY/STUDENT DEVELOPMENT USE ONLY	
Received By (Printed Name): _____	
Signature: _____	Date: _____

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