



Communication Information Form (Incident Report Form)



ACTIVITY OCCURRED IN OR NEAR:			REPORT FILED BY:	
Hall/Building	Room:		Name:	
Date of Activity			Position:	
Time:	am	pm	Email:	Phone:

PARTICIPANT/OBSERVER INFORMATION: Complete all identification information as requested.

Name:	Role:	Name:	Role:
Last 4 digits of SS#:	Phone:	Last 4 digits of SS#:	Phone:
Address:		Address:	
Name:	Role:	Name:	Role:
Last 4 digits of SS#:	Phone:	Last 4 digits of SS#:	Phone:
Address:		Address:	

RELEVANT INFORMATION: Describe what happened as specifically as possible. Please state only the facts available to you. Identify additional witnesses and give a clear description of the situation and conditions (i.e., who, what, when, where, why, etc.)

PLEASE CHECK ALL THAT APPLY:

Alcohol Related (non-criminal) Building Security Disruptive Activity Damages Facilities/Equipment Fire Incident Harrassment (<i>this includes the threat of</i>)	Hate Related Incident Threatening Behavior - verbal or physical Illness/Injury Misuse of Internet/E-mail Disorderly or obscene conduct Non-Compliance to Staff Member or Faculty Smoking Sexual Harassment/Stalking Other:	Alcohol Related (under 21) Arson Assault Burglary Drug Related Forcible Sexual Offense Non-forcible Sexual Offense Robbery Theft
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EMERGENCY RESPONSE (Check if applicable):

Emergency services (EMS) contacted	Resident transported by EMS to hospital
Police (911) contacted	Campus Security contacted

RECOMMENDATIONS : Follow-up Necessary Documentation Only

ANTICIPATED FOLLOW-UP :

To be completed by the individual reporting the incident. **If this is an emergency please contact Security at x4346.** Notify and deliver or email this form to the appropriate chief student affairs/services officer (D. Hight, RH-104, x4034, or P. Moir, KH-4, x4704), as soon as possible but no later than the next business day.

RESET FORM SUBMIT to OSU-M SUBMIT to NCSC