

**SOUTHEASTERN COMMUNITY COLLEGE**  
**INCIDENT REPORT**

Please check the appropriate item(s) below and provide as much detail as possible in the remarks section. Be sure to include the names of any individuals involved in the incident and the names of any witnesses who may be able to provide additional information.

- |  |                          |
|--|--------------------------|
| _____ Damage to property                 | _____ Disorderly conduct |
| _____ Unauthorized persons on campus     | _____ Personal injury    |
| _____ Motor vehicle accident             | _____ Facility security  |
| _____ Theft or missing property          | _____ Safety hazards     |
| _____ Other (explain in remarks section) |                          |

Date of incident: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_

Witnesses (If applicable):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Remarks (Description of incident): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Individuals Name: \_\_\_\_\_ Phone: \_\_\_\_\_

involved: Address: \_\_\_\_\_ SS#: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ SS#: \_\_\_\_\_

Report

submitted by: Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Submit completed incident report to the Vice President of Operations and Finance.

Revised 05/04