## University of Olivet Campus Safety Incident Report Form

Name:		Student ID#:	Date of Birth:	
If stud	ent, On Campus Residence (ex.	Dole):	Room #:	
If staff	F/faculty, Office #:	and Office Phone #:		
Home	Address:			
City: _	State:	Zip Code:		
Home	Phone #:	Cell Phone #:		
Today	's Date:	Current Time:		
Quest	ions: (please answer <u>all</u> questic	ons below)		
1.	. When did the incident occur? (Date & Time)			
2.	Where did the incident take place at? (ex. Dole)			
3.	What is the nature of the incident? (ex. Theft)			
4.	Who was involved? (name everyone there)			
5.	Who was affected/harmed by this incident? (name yourself and anyone else)			
6.	Who witnessed the incident? (name anyone who saw what happened)			
7.	What items were taken? How much would it cost to replace the item(s)? (be as descriptive as possible, including serial #, model #, etc.)			
8.	Is there any additional inform	ation we should know?		

Please write your detailed statement on the back side (2nd page) of this sheet. ----->

## **OCCS - Incident Report Form**

Statement:				
Student Signature :	Date:			

For digital entry: When complete, return to page 1 and click the Save button to save a copy of the completed form.