

University of Olivet Campus Safety Incident Report Form

Name: _____ Student ID#: _____ Date of Birth: _____

If student, On Campus Residence (ex. Dole): _____ Room #: _____

If staff/faculty, Office #: _____ and Office Phone #: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: _____ Cell Phone #: _____

Today's Date: _____ Current Time: _____

Questions: (please answer all questions 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 information we should know?
