

Oakland City University
INCIDENT REPORT FORM

Date: ___/___/___ **Time:** ____:____ a.m. p.m. **Location (Be Specific):** _____

Persons Involved (name & contact info):

_____	Cooperative (Y / N)	_____	Cooperative (Y / N)
_____	Cooperative (Y / N)	_____	Cooperative (Y / N)
_____	Cooperative (Y / N)	_____	Cooperative (Y / N)

OCU Personnel Present (name & department):

_____	_____
_____	_____
_____	_____

Type of Incident:

- | | |
|--|--|
| <input type="checkbox"/> Substance abuse | <input type="checkbox"/> Personal injury/Medical |
| <input type="checkbox"/> Overnight/unauthorized guest | <input type="checkbox"/> Noise |
| <input type="checkbox"/> Prohibited item(s) | <input type="checkbox"/> Safety Related: Non-Clery reportable |
| <input type="checkbox"/> Damage/misuse of OCU property | <input type="checkbox"/> Clery Reportable* (see back of sheet) |
| <input type="checkbox"/> Damage of personal property | <input type="checkbox"/> Other _____ |
-

Describe Incident:

If Applicable, Signatures of persons involved:

_____	_____
_____	_____
_____	_____

Form Completed By (print and sign): _____

Action Taken (Completed by HR or Student Life):

*Clery Reportable Offenses: murder/non-negligent manslaughter, sex offenses (forcible and non-forcible), robbery, aggravated assault, burglary, motor vehicle theft, arson, larceny-theft, vandalism, intimidation, simple assault, and damage/destruction/vandalism of property.