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**Campus Incident Report Form**

|  |  |  |  |
| --- | --- | --- | --- |
| **INCIDENT DETAILS** | | | |
| Date and time of the incident | | **:** |  |
| Location of the incident | | **:** |  |
| Describe the incident | | **:** |  |
|  | |  |  |
| Details of the witnesses, if any | | **:** |  |
|  |  | |  |

|  |  |  |
| --- | --- | --- |
| **INCIDENT CATEGORY** | | |
| Select the appropriate category for the incident: | | |
|  |  | |
|  | Physical Altercation | |
|  | Theft or Vandalism | |
|  | Harassment or Discrimination | |
|  | Property Damage | |
|  | Safety Hazard | |
|  | Other (specify**) :** |  |

|  |  |  |
| --- | --- | --- |
| **PERSON(S) INVOLVED** | | |
| Name(s) of the person(s) directly involved in the incident | **:** |  |
| Affiliation (e.g., student, staff, faculty) of the person(s) involved | **:** |  |
|  |  |  |
| Nature and extent of injuries or damages | **:** |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **INCIDENT DESCRIPTION** | | |
| Provide a detailed description of the incident, including any relevant background information and factors that contributed to the incident | **:** |  |
|  |  |

|  |  |  |
| --- | --- | --- |
| **IMMEDIATE ACTIONS TAKEN** | | |
| Describe the immediate actions taken to address the incident, ensure the safety of individuals involved, and preserve the scene if applicable | **:** |  |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | |  |
| **REPORTING TO AUTHORITIES** | | | |
|  | |  |  |
| Specify whether the incident has been reported to campus authorities or law enforcement | | **:** | YES  NO |
|  | |  |  |
| If yes, provide details of the report and any case/reference numbers | | **:** |  |
|  |  |
|  |  |

|  |  |  |
| --- | --- | --- |
| **FOLLOW-UP ACTIONS** | | |
| Outline any follow-up actions or investigations that will be conducted as a result of the incident | **:** |  |
|  |  |

|  |  |  |
| --- | --- | --- |
| **PREVENTIVE MEASURES** | | |
| What preventive measures can be implemented to avoid similar incidents in the future? | **:** |  |
|  |  |

|  |  |  |
| --- | --- | --- |
| **ADDITIONAL COMMENTS** | | |
| Is there any additional information or comments you would like to include? | **:** |  |
|  |  |

|  |  |  |
| --- | --- | --- |
| **REPORT FILTER** | | |
| Name | **:** |  |
| Affiliation (e.g., student, staff, faculty) | **:** |  |
| Contact Details | **:** |  |

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