

FRANCISCAN UNIVERSITY OF STEUBENVILLE INCIDENT REPORT



Please complete and submit form to Student Life
within 24 hours of incident.

PLEASE PRINT LEGIBLY OR TYPE

Type of Incident	Day, Date and Time of Incident:
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Person Reporting Incident

ID Number of Reporting Person	Age/Sex of Reporting Person
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Address of Reporting Person	Phone # of Reporting Person
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Who is this report about? (if known)		Phone #
Name		
Address/Box #	ID #	Age/Sex

Witness' Name (if applicable)

ID Number (Witness)	Age/Sex (Witness)
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Address (Witness)	Phone # (Witness)
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Above reported to: (Staff 's name)

Reporting Person's Signature: _____ Date _____
(if applicable)

Staff Signature: _____ Date _____

Reviewed by: _____ Date _____

FILL OUT COMPLETE DESCRIPTION ON REVERSE OF FORM → → → →

SUMMARY DATA:

- | | | |
|---|--|---|
| <input type="checkbox"/> Alcohol Related | <input type="checkbox"/> Fire Incident | <input type="checkbox"/> Sex Offense |
| <input type="checkbox"/> Assault | <input type="checkbox"/> Harassment | <input type="checkbox"/> Sexual Assault |
| <input type="checkbox"/> Automobile Accident | <input type="checkbox"/> Maintenance Issue | <input type="checkbox"/> Stalking |
| <input type="checkbox"/> Building Security | <input type="checkbox"/> Medical Emergency | <input type="checkbox"/> Student Code Violation |
| <input type="checkbox"/> Damages/Vandalism | <input type="checkbox"/> Phone Harassment | <input type="checkbox"/> Suicidal Incident |
| <input type="checkbox"/> Dating/Domestic Violence | <input type="checkbox"/> Physical Injury | <input type="checkbox"/> Theft/Burglary/Rob/Larceny |
| <input type="checkbox"/> Disturbance | <input type="checkbox"/> Pranks/Disrespect | <input type="checkbox"/> Unauthorized Visitor |
| <input type="checkbox"/> Drug Related | <input type="checkbox"/> Refusal to Present ID | <input type="checkbox"/> Unusual Behavior |
| <input type="checkbox"/> Fire Alarm | <input type="checkbox"/> Room Entry | <input type="checkbox"/> Weapons Violation |
- Other _____

VEHICLE

Plate Number _____ VIN/Decal Number _____ State _____
Vehicle Type _____ Vehicle Make _____ Vehicle Model _____
Vehicle Year _____ Vehicle Owner _____
Vehicle Color _____ Insurance Company _____

Description of Incident: (Please include location and the specific details of the incident.) (Attach more pages if needed.)

ATTACH MORE PAGES IF NEEDED

Security Involved	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Time	Officer(s):
Police Called	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Time	
Fire Dept Called	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Time	
ASI Called	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Time	

Date of Incident: _____ **Date Report Filed:** _____

(OFFICE USE ONLY)

Copies given to:

- Assistant VP of Student Life
- Director of Security
- Resident Director(s) _____

Request for type of Action:

Action Taken:

Resolution:

Clery Yes ____ No ____

Date entered into computer: _____ Initials: _____
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ResLife001
07/17/15