

Chadron State College
GENERAL INCIDENT REPORT FORM

Name of person filing report _____

Date of report _____

Email _____

Address _____

Primary Phone _____

Name of Individual(s) involved in the incident

Date of incident _____

Location of incident

Time of incident – _____ AM PM

If an off-campus location, was activity college sponsored – Yes No

Status at time of incident: - Employee Non-Employee Student Visitor Other _____

List any witnesses to the incident:

Details of the incident (please include all information and be specific):