

WITC COLLEGE INCIDENT REPORT FORM

Campus Location of incident or misconduct (check one)

Ashland New Richmond Rice Lake Superior Shell Lake

Room Number of Entrance(s) I.D. _____

When did the event take place? _____

Describe the event and/or your area of concern.

Who were the parties involved? Names – relationship to WITC?

Were there any witnesses to the event? Yes No

If yes, how many and who were they?

INCIDENT REPORTED BY:

NAME: _____

ADDRESS: _____

PHONE: _____

INFORMATION RECEIVED BY: _____

DATE RECEIVED: _____

G-199A/J-660A

- - - *Please see instructions on back* - - -

USES OF COLLEGE INCIDENT REPORT FORM

Type of Incidents:	To be completed by:	Please forward to:
STUDENT ACADEMIC MISCONDUCT REPORT	Another student, faculty, or dean	Student Services Dean
STUDENT MISCONDUCT REPORT	Any student, faculty, staff, or outside party involved	Student Services Dean
SAFETY/SECURITY INCIDENT REPORT (Violence/Assault, Bomb Threats, Hazardous Material Spills, Vandalism, Theft or Incidents requiring a Police Report.)	Any witness to the incident	Campus Administrator (He/She will attach Police Report – if appropriate and forward to Chuck Levine for insurance purposes.)
Note: If injury occurs as a result of incident, the injury/accident report form must be completed.		

Please complete these reports and forward in a timely manner. (48 hours)