



750 Chase Parkway Waterbury, CT 06708

# INCIDENT REPORT FORM

**Case Information**

**Day/Date of Incident:** \_\_\_\_\_ **Time of Incident:** \_\_\_\_\_

**Location of Incident:** \_\_\_\_\_ **Witnesses:** \_\_\_\_\_

**Personal Information / Individuals Involved:**

<b>Student Name:</b>	<b>Student Name:</b>	<b>Student Name:</b>	<b>Student Name:</b>	<b>Student Name:</b>
<b>ID #:</b>	<b>ID #:</b>	<b>ID #:</b>	<b>ID#:</b>	<b>ID #:</b>
<b>Faculty/Staff Name:</b>	<b>Faculty/Staff Name:</b>	<b>Faculty/Staff Name:</b>	<b>Faculty/Staff Name:</b>	<b>Faculty/Staff Name:</b>
<b>Email Address:</b>	<b>Email Address:</b>	<b>Email Address:</b>	<b>Email Address:</b>	<b>Email Address:</b>

**Incident Description:**

Describe, in detail, the entire incident, beginning with how the alleged incident began or was discovered. Please use the next page and additional pages as necessary.

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Dean of Student Services:	<i>For Student Affairs Use Only Do not write in these spaces.</i>	Case #
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