

IOWA WESTERN COMMUNITY COLLEGE
OFFICE OF RESIDENCE LIFE INCIDENT REPORT



This report may be filed by a **Residence Life Coordinator**, a **Resident Assistant**, or a **Residence Life Student** to report an incident to the Office of Residence Life. It must be brief, factual and as accurate as possible and must be submitted **as soon as possible** after an incident occurs.

- ACCIDENT INSIDE / OUTSIDE
- DANGER / SECURITY RISK
- ILLEGAL WEAPON POSSESSION
- DRUGS
- AGGRESSION
- THEFT
- ALCOHOL
- ASSAULT
- SLIP / FALL
- OTHER: _____

DATE AND TIME OF REPORT

DATE _____ TIME _____ AM/PM

PLEASE PRINT OR TYPE ALL INFORMATION

About the person filing the report

Full name _____ Title _____

Phone: _____ Campus Address _____

About the Incident

DATE _____ TIME _____ AM/PM

Location of the incident _____

Type of incident _____

Persons Involved (List names and indicate whether student, faculty/staff, guest or visitor)

(OVER)

