

EMERGENCY DEAN INCIDENT REPORT

Emergency Dean _____ Date _____ Time _____

Student Information

Name _____ UIN # _____

Address _____

E-mail Address _____ Phone _____

Birthdate _____ Sex _____ College _____ Year in School _____

Information Reported to Emergency Dean by

Name _____ Relationship to Student _____

Address/Agency _____ Phone _____

Incident Information

- | | | | | |
|---|--|---|--|---|
| <input type="checkbox"/> Accident | <input type="checkbox"/> Fire | <input type="checkbox"/> Interpersonal Violence | <input type="checkbox"/> Missing Student | <input type="checkbox"/> Student Death |
| <input type="checkbox"/> Act of Intolerance | <input type="checkbox"/> Hospitalization | <input type="checkbox"/> Intoxication | <input type="checkbox"/> Relationship Violence | <input type="checkbox"/> Suicide Threats/Attempts |
| <input type="checkbox"/> Arrest | <input type="checkbox"/> Illness/Injury | <input type="checkbox"/> Mental Health Crisis | <input type="checkbox"/> Sexual Assault Victim | |

Other _____

Location where incident occurred _____

Date and time when incident occurred _____

Description of Incident