

# INCIDENT REPORT FORM

<b>Incident Occurred</b>	<b>Date</b>	<b>Time AM or PM</b>	<b>Location</b>
<b>Nature of the Report</b>	<input type="checkbox"/> Physical violence <input type="checkbox"/> Vandalism <input type="checkbox"/> Harassment <input type="checkbox"/> Other (please explain): <input type="checkbox"/> Complaint <input type="checkbox"/> Illness/Injury <input type="checkbox"/> Alcohol/Drugs <input type="checkbox"/> Crime <input type="checkbox"/> Guest violation <input type="checkbox"/> Lost keys <input type="checkbox"/> Hazing <input type="checkbox"/> Noise disturbance <input type="checkbox"/> Lost property/theft <input type="checkbox"/> Verbal abuse <input type="checkbox"/> Forgery <input type="checkbox"/> Obscene conduct <input type="checkbox"/> Obstruction of classes or Wofford activities <input type="checkbox"/> Abuse of academic materials, facilities or technology <input type="checkbox"/> Violations of Honor Code <input type="checkbox"/> Self Endangerments <input type="checkbox"/> Abuse of Wofford records		
<b>Reported By</b>	<b>Name</b>	<b>Signature</b>	<b>Date</b>
<b>People Involved</b>	<b>Name (Last, First)</b>	<b>Address</b>	<b>Telephone</b>
<b>Witnesses</b>			
<b>Relevant Information</b> (Use additional sheets if necessary)	<b>Describe incident/situation FULLY with as much detail and precision as possible.</b>		
<b>SIGNATURES:</b>	<b>FACULTY DIRECTOR</b>	<b>STUDENT</b>	<b>DATE</b>

**Return form** to the Office of International Programs at [internationalprograms@wofford.edu](mailto:internationalprograms@wofford.edu) or fax: (864) 597-4029