

Office use only:

Date Received: _____

Case Number: _____

Assigned to: _____

Waldorf College Incident Report

1. Report Made by (Name, Title and Phone) _____

2. Type of Incident – Check All that Apply:

<input type="checkbox"/> Alcohol-Related	<input type="checkbox"/> Facilities/Equipment	<input type="checkbox"/> Noise/Quiet Hours	<input type="checkbox"/> Theft
<input type="checkbox"/> Damage/Vandalism	<input type="checkbox"/> Fire/Alarm	<input type="checkbox"/> Physical Assault	<input type="checkbox"/> Threats/Intimidation
<input type="checkbox"/> Disorderly Conduct	<input type="checkbox"/> Illness/Injury	<input type="checkbox"/> Sexual Assault	<input type="checkbox"/> Visitation/Escort
<input type="checkbox"/> Drug-Related	<input type="checkbox"/> Misuse of Electronics	<input type="checkbox"/> Sexual Harassment	<input type="checkbox"/> Weapons
<input type="checkbox"/> Emotional Distress	<input type="checkbox"/> Hate Motivated (Disability, Ethnicity, National Origin, Race, Religion or Sexual Orientation)		

_____ Other (please specify) _____

3. Date of Incident: _____ Time of Incident: _____ AM
PM

4. Identify the address, building name, area, etc. Be as specific as possible _____

5. The location where the incident occurred was:

On Campus - not in student housing On Campus - in student housing Off Campus

6. Person(s) Involved (Attach an extra sheet as needed): Please specify witness/non-resident in ID # space.

Name: _____ ID #: _____ Address: _____

Name: _____ ID #: _____ Address: _____

Name: _____ ID #: _____ Address: _____

Name: _____ ID #: _____ Address: _____

7. Description of Incident ♦ Be as specific as possible ♦ Attach extra sheet as needed.

8. Police Involved? Yes No Uncertain/Don't Know

9. Did you inform the individual(s) involved that you would be submitting an incident report? Yes No

Signature: _____

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Judicial Follow-up and Hearing Notes

NOTICE:	Mail	Phone Call	E-mail	Other
FOLLOW-UP:	Mediation	Judicial Hearing	Hearing with CHB*	None/Other
SANCTIONS:	Suspension	Expulsion	Parent Notification	Verbal/Written Apology
	Counseling/Referral	Disciplinary Probation	Fines/Restitution	Verbal/Written Warning
	Discretionary Assignments	Housing Reassignment	Restrictions/ Loss of Privileges	Other

***Campus Hearing Board**

Hearing Notes

Hearing Officer's Signature: _____

Date & Time: _____

Please submit all reports to the Residence Hall Director, Director of Residence Life or the Dean of Students within twenty-four hours of the incident