

Louisiana Delta Community College Campus Incident Report Form

Complete a separate form for each incident within 3 days of the incident occurring.
Failure to report an incident could result in someone else being put at risk in the future.

This form should be used for each occasion of the following:

- Aggressive Behavior
- Verbal Abuse
- Destruction of equipment or property (Or threats of)
- Physical Assault (Or threats of)
- Medical Incidents

Name of person completing the form: _____

Contact Number _____ **Mailing Address** _____

Title or position: _____

Date of Incident: _____ **Location of Incident:** _____

Person(s) present at the time of the incident:

Name or description of perpetrator (if applicable):

Was the perpetrator:

- A well-known person
- An unknown person
- A friend or relative of a person
- A partner (girlfriend, boyfriend, etc.) of a person
- A volunteer
- A staff member
- A faculty member
- Other Explain _____

What was the cause of the incident?

(over)

Please explain in detail what happened.

Were any injuries sustained? Yes No

If yes, who was injured? _____

What were the details of the injuries?

Was the person(s) taken for medical treatment? Yes No

If yes, where did they go?

Were there warning signs prior to the incident occurring? Yes No

If yes, what were they?

What action(s) did faculty/staff/spectators take, if any, to try and address the situation prior to the incident occurring?

What action(s) did faculty/staff/spectators take, if any, to try and address the situation during or after the incident occurred?

Signed: _____ Date Filed: _____
(Person Filing Incident Report)

Office Use:

Date received in Student Services: _____

Follow-up Action from Student Services (if applicable):
