

## BELLIN COLLEGE INCIDENT REPORT FORM

*For life-threatening emergencies please call 9-1-1 then Campus Security at 920-433-6699.  
Please submit this form to the Administrative Assistant for Student Services and Medical Imaging.*

02/22

### Person involved (Please Print):

Name: \_\_\_\_\_ Sex: \_\_ DOB: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Status: College Member \_\_\_\_\_ Guest \_\_\_\_\_ Other(specify) \_\_\_\_\_

Day/Date of Incident \_\_\_\_\_ Exact Time: \_\_\_\_\_

Exact Location: \_\_\_\_\_

\*Factual, objective event description (apparent injuries, other people, situation, equipment, etc.)

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### Witness(es) to incident (PLEASE PRINT):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Current Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Current Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Current Address: \_\_\_\_\_

If incident occurred during an activity was the activity supervised? Yes: \_\_\_ No: \_\_\_

\*Action taken. (Ex. Was care given? Was 911 called?, etc.):

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**Form is to be turned into Administrative Assistant of Student Services and Medical Imaging**