


INCIDENT REPORT GUIDE

There's been an incident and now you have to fill out the report form.
This is a quick guide to help you fill it out correctly!



Southern Illinois University Carbondale
Recreational Sports & Services

INCIDENT REPORT

Date: _____
Time: _____ AM/PM
(circle one)
Place: _____

Individual(s) involved:

Name _____ SS#/ID# _____
Address _____ Phone Number _____
City _____ State _____ Zip _____
Affiliation (circle one) Student Faculty/Staff Community Member Guest* Group**
*If guest, name of sponsor _____
**If group, name of group _____

Individual(s) involved:

Name _____ SS#/ID# _____
Address _____ Phone Number _____
City _____ State _____ Zip _____
Affiliation (circle one) Student Faculty/Staff Community Member Guest* Group**
*If guest, name of sponsor _____
**If group, name of group _____

Security called? (circle one) Yes _____ No _____ Officer's Name: _____

Check all violations that apply:

☐ Illegal entry ☐ Damaged equipment ☐ Fighting* ☐ Physical threats*

☐ Enabled illegal entry ☐ Damaged facility ☐ Policy/rule infraction ☐ Verbal threats

☐ Violated suspension ☐ Ignored request of staff ☐ Unacceptable conduct ☐ Other

☐ Theft*

*Campus Police must be notified

Detailed Description of Incident: (use back of form for additional writing space)

Signature of Staff completing Form _____ Position _____

FOR ADMINISTRATIVE USE: Pass/ID# _____ Pass/ID# _____
Date Reviewed: _____ Reviewed by: _____ Title: _____
Date Reviewed: _____ Reviewed by: _____ Title: _____
Notes: _____
Video Review Yes _____ No _____ Mailed Letter of Notification ☐ Recorded in Membership Notes ☐

SEE OTHER SIDE →

1. Start Here

Please fill out the Date, Time and Location the incident occurred.

2. Who Was Involved?

Fill out the information of the Individual(s) involved.

3. Was the Department of Public Safety Called?

Please be sure to check no if DPS wasn't called.

4. Check all Violations

Please note that if a violation has an (*), DPS must be called in.

5. What Happened?

In the clearest language possible, detail the incident. There is extra space for this section on the back. Sign at the bottom of this section when completed and include your position title.

Additional Incident Information

5b. What Happened?
Continue the description here from the other side if needed.

WITNESSES:

Name	Address	Phone
Name	Address	Phone

6. Who saw it?
If there are any witness to the incident enter their information here and have them sign.

Signature of Individual Involved: _____ Date: _____

Signature of Individual Involved: _____ Date: _____

7. Signatures of Involved Individuals
Ask involved individuals to sign. Please do not approach any angry or irate individuals.

** PLEASE SUBMIT THIS FORM TO DIRECTOR, RECREATIONAL SPORTS AND SERVICES **