

TEXAS A&M UNIVERSITY – Division of Student Affairs

Incident Report\*

(\*This report is an initial report and may include alleged rather than factual information)

Type of Incident: (Check and circle appropriate information.)

Homicide threatened/attempted/completed Accidental Death
Suicide threatened/attempted/completed Robbery / Theft
Sexual assault threatened/attempted/completed Harassment
Assault threatened/attempted/completed Hazing
Injury: (Transport to hospital)
Other:

Drug Related Alcohol Related Race Related Gender Related
Religious Bias Ethnic Bias Sexual Orientation Bias

CIRT Contacted Multiple Students Involved

Student(s) Demographic Information: (As permitted by ethical and legal restraints) (Attach additional pages as necessary)

Name: Student ID#:
Age: Sex: Classification:
Local Address: Phone:
Hometown Phone:
Address:
Next of Kin/
Guardian: Phone:

Report of Incident: (Factually describe details of incident, attach additional pages as necessary)

Incident Location: Date & Time:
Organization: University Advisor:

Disposition of Incident: (Attach additional pages as necessary)

Reported by: Title:
Date Reported: Department:

A copy of this report has been forwarded to:

Director of Student Life
Director of Residence Life
Director of Student Counseling Svc.
Director of Student Health Svcs.
Commandant
Director of Student Activities
Other:

Signature of Reporting Staff Member

Department Head