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
- _____ Suicide threatened/attempted/completed
- _____ Sexual assault threatened/attempted/completed
- _____ Injury: (Transport to hospital)
- _____ Other: _______________________________________________________________________
- _____ Accidental Death
- _____ Robbery / Theft
- _____ Harassment
- _____ Hazing
- _____ Drug Related
- _____ Alcohol Related
- _____ Race Related
- _____ Gender Related
- _____ Religious Bias
- _____ Ethnic Bias
- _____ Sexual Orientation Bias
- _____ Multiple Students Involved

**Student(s) Demographic Information:** (As permitted by ethical and legal restraints)

Name:__________________________________ Student ID#:________________________________
Age:_______________    Sex:______________    Classification:_______________________________
Local Address: ____________________________________  Phone:____________________________
Hometown ____________________________________  Phone:____________________________
Address: ____________________________________
Next of Kin/ Guardian: ____________________________________  Phone:____________________________

**Report of Incident:** (Factly 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

Revised 9/99