

Office Use Only Incident report Type: _____ Initial report received: _____ Final report filed: _____	: ONONDAGA COMMUNITY COLLEGE INCIDENT REPORT
--	---

This form is to be completed electronically or printed neatly and returned to Campus Safety and Security or the Office of Student Support Services, Gordon Student Center, within 72 hours following the incident. If you need assistance completing this form, please contact Campus Security at (315) 498-2478 to report the incident.

Reporter's Name: _____ **Telephone #:** _____
Reporter's Position: _____ **Email Address:** _____
Date of Incident: _____ **Time of Incident:** _____
Category(ies) of Incident: 1. _____ 2. _____
Classroom Violation: _____ **Security Called:** _____
Building Location of Incident: _____ **Additional Location Details:** _____

Person(s) Involved	Age	Student ID #	Participation	Telephone #

INCIDENT DESCRIPTION (be concise and factual; use additional paper if necessary):

Recommendations (if any):

STUDENT SUPPORT SERVICES ACTION: (To be completed by Administrative Officer)

NAME OF ADMINISTRATIVE OFFICER:

Telephone Number

- | | |
|--|--|
| <input type="checkbox"/> No Action (include reason in Summary of Findings) | <input type="checkbox"/> Referred to Student Disciplinary Committee on |
| <input type="checkbox"/> Constructive Conference Held on | <input type="checkbox"/> Referral to Residence Life on |
| <input type="checkbox"/> Referral for Counseling on | <input type="checkbox"/> Referral to Title IX Coordinator on |
| <input type="checkbox"/> Referred to Academic AVP on | <input type="checkbox"/> Other: (specify in Summary of Findings) |

NAME OF STUDENT DISCIPLINARY COMMITTEE MEMBERS:

Summary of Findings/Conclusions:

SANCTION (if applicable):

.

Comments/Considerations:

Status of Incident: Closed Pending (note reason below) Open (Appeal Filed)

Check here if additional sheets of explanation are used: