Incident Report*

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

**Type of Incident:** (Check and select appropriate information.)

- □ Homicide
- □ Accidental Death
- □ Suicide
- □ Robbery/Theft
- □ Sexual assault
- □ Harassment
- □ Assault
- □ 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)

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

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

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

Disposition of Incident: (Attach additional pages as necessary)

Reported by:                            Title:
Date Reported:                          Department:

___________________________________________
Signature of Reporting Staff Member

___________________________________________
Department Head

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