



JUDSON COLLEGE
Incident Report

PERSON(S) INVOLVED IN THE INCIDENT

WITNESSES TO THE INCIDENT

DATE, TIME, AND LOCATION OF THE INCIDENT

DESCRIPTION OF THE INCIDENT

Please outline the facts of the incident. Include the names of individuals or groups who were involved in or witnessed the incident. Please be as specific as possible. Additional pages may be attached if necessary.

PERSON(S) NOTIFIED AT THE TIME OF THE INCIDENT

Please list any emergency or law enforcement officials or College personnel that you notified of the incident before submitting this report.

SIGNATURE

By signing below, you affirm that the information recorded above is true and accurate to the best of your knowledge, bearing in mind that the Judson Code is applicable.

Signature of student or employee submitting the report

Date of submission

Please submit your completed incident report to the Residence Hall Director on Duty, the Director of Residence Life, or the Vice President and Dean of Students as soon as possible. Student Services personnel will forward copies of this form to other departments as appropriate.