FORT BERTHOLD COMMUNITY COLLEGE INCIDENT FORM

Reporter’s Name ___________________________ Date ________________
Address ____________________________________ Birth date _____________
Phone Number ________________________________ (Optional)
FBCC Student/Staff/Faculty/or Other ________________________________

Reported Date ____________________________
To Whom _________________________________
Contact Information ________________________________

Subject/Offender’s Name _______________________
Address _________________________________
Phone Number ____________________________
FBCC Student/Staff/Faculty/or Other ________________________________

Give nature and extent of suspected incident, including any information of previous incidents and any other information, which may be helpful in protecting the FBCC Staff/Faculty and Students.
BE SPECIFIC. Answer WHO, WHAT, WHERE, WHEN, HOW OFTEN.

Signature of Reporter: ___________________________ Date ________________ Contact # ________________
Incident Report Received By: ___________________________ Date ________________