

FORT BERTHOLD COMMUNITY COLLEGE INCIDENT FORM

Reporter's Name _____
Address _____
Phone Number _____
FBCC Student/Staff/Faculty/or Other _____

Date _____
Birth date _____
(Optional)

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 _____