

ILCC Incident Report

REPORTED BY: _____

DATE OF REPORT: _____

TITLE / ROLE: _____

REPORTEE PHONE #: _____

INCIDENT INFORMATION

INCIDENT
TYPE: _____

DATE OF INCIDENT: _____

EVENT TITLE: _____

EVENT HOSTED BY: _____

INCIDENT LOCATION:
SPECIFIC AREA OF LOCATION
(if applicable): _____

INCIDENT DESCRIPTION

NAME / ROLE / CONTACT OF PARTIES INVOLVED

1. _____
2. _____
3. _____

NAME / ROLE / CONTACT OF WITNESSES

1. _____
2. _____
3. _____

POLICE REPORT FILED? _____

PRECINCT: _____

REPORTING OFFICER: _____

PHONE: _____

Once above is completed please submit this form to the Vice President of the ILCC Board of Trustees.

Please leave the following section blank. The information below should be completed by the ILCC Board of Trustees.

FOLLOW-UP ACTION

TRUSTEE
NAME: _____

TRUSTEE
SIGNATURE: _____

DATE: _____