



LIFECHIROPRACTIC

COLLEGE WEST

INCIDENT REPORT

Person Completing Report

Nature of Incident

Telephone Number

Date

Time

Persons(s) Involved

() Student () Faculty () Staff

NAME	TELEPHONE #	Email Address

Description of Event/Incident: (Please be succinct, detailed and objective)

Attach additional paper & information as needed.

(over)

All Incident Reports will be routed to the Executive Vice President of the College who will distribute to the appropriate Administrator for investigation and follow-up.

Witness(es): Student Faculty Staff

Names	Telephone Numbers	Email Address

Check any that apply: Information Only Refer for Judicial Action

Damage Resulted -- Description:

Medical Attention Required -- Description:

Outside Agencies Involved (i.e. Police, Fire Department, etc.)

I understand this incident report is the property of the college and will be used respecting due process of all involved. I further understand the college does not guarantee anonymity regarding this report.

Date

Signature

Action Taken (Filled Out by EVP or College Disciplinary Officer Assigned)_____

All Incident Reports will be routed to the Executive Vice President of the College who will distribute to the appropriate Administrator for investigation and follow-up.