

**NORTHERN MAINE COMMUNITY COLLEGE
INCIDENT REPORT**

NO. _____

**DATE OF INCIDENT
LOC./AREA
TIME**

STAFF MEMBER(S)

TYPE OF INCIDENT

CONTACTED

TIME

DATE

Alcohol related
Automobile
Drug related
Personal Injury
Personal Conflict
Weapons
Other (Specify)

Director of Residential Life
Resident Director
Security
Police Department
Other
(Specify)

Please give detailed description of incident (attach extra sheets if necessary)

Staff Member(s) Completing Report: _____ **Date:** _____