Seminar/Program Name____________________________ Term________________________
Student Name_________________________________________________________________
Faculty Director Name__________________________________ Date & Time of Incident____________________________________
Witness(es) to the incident (if any) _____________________________________________________________________________
Location of Incident (City, Country) _____________________________________________________________________________

Type of Incident (check all that apply):

- Death
- Arrest
- Kidnapping
- Missing Person
- Hostage/Building Takeover
- Bomb
- Structural Fire
- Injury
- Illness
- Psychological Crisis
- Physical Assault
- Sexual Harassment
- Sexual Assault
- Alcohol
- Drugs
- Disease Outbreak
- Racial/Hate Incident
- Domestic Violence
- Theft
- Loss Possessions
- Identity Theft/ Credit Card Fraud
- Robbery w/out Injuries
- Robbery w/ Injuries
- Slip/Fall w/ out Injuries
- Slip/Fall w/ Injuries
- Vehicular Accident w/out Injuries
- Vehicular Accident w/ Injuries
- General Disorder (e.g. public event, demonstration, protest)
- Natural Disaster (e.g. blizzard, hurricane, earthquake, fire, flood)
- Behavior Incident/ Violation of Program Policy

Briefly describe the incident, including immediate actions taken:

Property damage (if applicable):

Medical treatment provided (if applicable):

Notification (Who and When)

☐ Local authorities notified (if any)______________________________________________________________

☐ CISI notification______________________________________________________________
  Case #________________________________________
  Contact #________________________________________
  Reported by whom?________________________________________
Follow Up

In your opinion, is any follow up or corrective action needed? ☐ Yes ☐ No

If yes, recommended follow up:

Signature of affected staff/faculty (if applicable) __________________________________________________________

Signature of affected student(s) ________________________________________________________________________

Submit this form with signatures, if possible, to OCS soon after the incident is “resolved.” OCS will follow-up with other offices and disseminate the information on campus as necessary.

For OCS—Response protocol checklist

Where are the incident notes (phone, emails, etc.) saved?

Does this incident need to be reported to Minnesota Office of Higher Education? If yes, include required information below in Data/MN Incident Reporting Legislation folder on Common Drive.

Does this incident need to be reported to Clery? If yes, send summary to Wayne Eisenhuth.

Does this incident need to be reported to anyone on-campus? If yes, who and when was it shared?

Does this incident need to be debriefed with anyone on-campus? If yes, who? When will the debriefing be scheduled?

Is any further follow-up needed?

OCS Incident Handled by:

Name_________________________________________________                                       Date_______________