

# DigiPen Incident/Contact Report



<b>Student or Staff Name:</b>	<b>Student ID:</b>
<b>Email:</b>	<b>Phone:</b>
<b>Date/Time of Initial Contact:</b>	<b>Reporter:</b>
<b>Issue:</b>	
<input type="checkbox"/> Non-Emergent Accident	<input type="checkbox"/> Emergency (911 called)
<input type="checkbox"/> Safety	<input type="checkbox"/> Faculty Concern
<input type="checkbox"/> Vandalism	<input type="checkbox"/> Staff Concern
<input type="checkbox"/> Maintenance	<input type="checkbox"/> IT Concern
<input type="checkbox"/> Roommate Situation	<input type="checkbox"/> Emotional Concern
<input type="checkbox"/> Student Conduct	<input type="checkbox"/> Health Concern
<input type="checkbox"/> Other: (Specify)	
<b>Situation:</b>	
<b>Action Taken:</b>	
<b>*If you refer someone to another staff member or department, please email the referral.</b>	
<b>Follow-up:</b>	

Incident Number: \_\_\_\_\_  
Report for Clery Act Compliance: Yes \_\_\_ No \_\_\_