MVCC Campus Incident Statement

Report incident facts exactly as you personally see or hear them. All spaces on this form must be completed. Please print clearly.

Person Submitting Report: _____ Student: ☐ Staff: ☐

Local Address: _____ Telephone: (___) _____

Cellphone: (___) _____ M number: _____ Gender: _____ Ethnicity: _____

Major: _____ Completed Credits: _____

☐ Verbal Conflict ☐ Physical Conflict ☐ Drugs/Alcohol ☐ Other: _____

Incident Location: _____ Incident Date: _____ Incident Time (a.m./p.m.): _____

I. INDIVIDUALS INVOLVED

Name

_____

_____

_____

II. **WITNESSES**

_____

_____

_____

List Staff and Authorities present: _____

III. INCIDENT (Describe the who, what, when, where and how) PLEASE PRINT

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I understand that this official incident report will be used to investigate violations of Campus rules and regulations. I further understand that it is not guaranteed confidential and may be reviewed by all parties involved during an appeal process. These records are protected by the Family Education Rights and Privacy Act and are provided under an exception to the Act found in Section 99.32. These records must be maintained confidentially.

_____ _____

Signature of Person Submitting Report **Date**