

**LOYOLA SCHOOL OF THEOLOGY  
INCIDENT REPORT FORM**

Name of Reporter: \_\_\_\_\_

Date of Report: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Date & Time of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

.....  
**Instructions:**

1. Describe the background or context of the incident.
  2. Describe what happened chronologically and in detail. Describe any injury or property damage as a result of the incident. State names of persons involved and including those who witnessed the incident.
  3. Use the back of the form and additional paper if necessary. Affix your signature on the space provided.
  4. Submit the form to Office of the Asst. to the President. The Office will refer the report to the proper authority. This report will be treated with confidentiality.
- 

Signature of  
Person Reporting: \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>
Received by:
Date Received:
Action taken: