

**Southern Scholarship Foundation, Inc.**  
**Incident Report Form**

Month/Year
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*Any resident may complete this form to report an incident that occurs on Southern Scholarship Foundation property. This report form must be completed immediately following the incident and submitted to the House Manager or Director of Student Affairs.*

Date submitted: \_\_\_\_\_

Name of primary individual: \_\_\_\_\_

Date of incident: \_\_\_\_\_ Time of incident: \_\_\_\_\_

Location of incident: \_\_\_\_\_

Did the injured party seek medical treatment?      Yes       No

Were the authorities notified? (police, fire, EMT)      Yes       No

Did you directly witness the incident?      Yes       No

Is this an alcohol-related incident?      Yes       No

If yes, is the person under 21? Yes       No

Is this a drug-related incident?      Yes       No       If yes, what drug(s)? \_\_\_\_\_

**Persons Involved:**

Please list names of all members involved in the alleged incident, or who may have witnessed, or attempted to intervene in the situation.

Name:	Name:

Describe what occurred to the best of your knowledge, explaining the involvement or role of each person listed on this form:


Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

Signature

Print Name

**Print**

<b>Officer Use only</b>	
House Manager Notified	Date of notification:
Dir. of Student Affairs Notified	Date of notification: