

Blackfeet Community College  
Incident Report Form



Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

\_\_\_\_\_ Cell Phone: \_\_\_\_\_

Title/Department: \_\_\_\_\_

Date of incident: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time of incident: \_\_\_\_\_ A.M. P.M.

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

Witnesses to the incident:

Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Incident reported to: \_\_\_\_\_

Was BCC security called? Yes No If yes, responding officer's name: \_\_\_\_\_

Was the Police called? Yes No If yes, responding officer(s) badge number: \_\_\_\_\_

Was the Ambulance called? Yes No

If yes, medical respondent Name/ ID: \_\_\_\_\_

I, \_\_\_\_\_, understand that the information that I provide in this statement may be given to law enforcement officials for further action if necessary.

Description of the incident:

I do swear that the information contained in this statement is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date