**Sigma Phi Epsilon Fraternity**

**Incident Report Form**

*(Call Headquarters with this information within 24 hours of incident. Crisis Hot Line:* ***1-800-767-1901****)*

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| **Chapter Name:** | **School Name:** |
| **Chapter Address:** |  |
| **Person making report:** | **Your Title or Relationship to Fraternity:** |
| **Your Phone No.:** | **Your Mailing Address and Email Address:** |
| **DATE OF INCIDENT:** | **TIME OF INCIDENT:** |
| **DATE REPORTED TO HEADQUARTERS:** |  |

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| **Location and Street Address of Incident:** |
| **On premises or off-premises:** |
| **Was alcohol involved in this incident?:** |
| **Was this a new member activity?:** |

**DESCRIPTION OF WHAT HAPPENED AND WHO WAS INVOLVED: (Use additional page if necessary.)**

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**INJURED PERSON(S): (Use additional page if necessary.)**

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| --- | --- |
| Name: | Name: |
| Sex: | Sex: |
| Age: | Age: |
| Member or Non Member?: | Member or Non Member?: |
| Street Address: | Street Address: |
| City/State/Zip: | City/State/Zip: |
| Email address/ Cell phone number: | Email address/ Cell phone number: |

**WITNESS(ES): (Use additional page if necessary.)**

|  |  |
| --- | --- |
| Name: | Name: |
| Street Address: | Street Address: |
| City/State/Zip: | City/State/Zip: |
| Email address/ Cell phone number: | Email address/Cell phone number: |

**CONTACT PERSON: (At Chapter)**

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| --- |
| Name: |
| Phone: |
| Mailing Address and Email Address: |

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| **WAS A POLICE REPORT MADE:** | **CHAPTER COUNSELOR or KEY VOLUNTEER:** |
| Police Department: | Name: |
| Police Department Telephone: | Street Address: |
| Officer Name: | City/State/Zip |
| Report #: | Email address/ Cell phone number: |
| **SEND 1 COPY TO SIGMA PHI EPSILON HEADQUARTERS** | **KEEP 1 COPY FOR CHAPTER** |
| [**Kathy.johnston@sigep.net**](mailto:Kathy.johnston@sigep.net) | **SEND COPIES TO CHAPTER COUNSELOR, AVC PRESIDENT AND UNIVERSITY GREEK LIFE ADVISOR** |
| **Fax: (804) 359-8160** |  |