**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.)**

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| --- | --- |
| 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** | **SEND COPIES TO CHAPTER COUNSELOR, AVC PRESIDENT AND UNIVERSITY GREEK LIFE ADVISOR** |
| **Fax: (804) 359-8160** |  |