

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: | Chapter Phone: |
| Person making report: | Your Title or Relationship to Fraternity: |
| Your Phone No.: | Your Address: |
| DATE OF INCIDENT: | TIME OF INCIDENT: |
| DATE REPORTED TO HEADQUARTERS: | DATE REPORTED TO INSURANCE CO: |

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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: |
| Telephone: | Telephone: |

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

| | |
|-----------------|-----------------|
| Name: | Name: |
| Street Address: | Street Address: |
| City/State/Zip: | City/State/Zip: |
| Telephone: | Telephone: |

CONTACT PERSON: (At Chapter)

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| Name: |
| Phone: |
| 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 #: | Telephone: |
| SEND 1 COPY TO SIGMA PHI EPSILON HEADQUARTERS PO Box 1901, Richmond, VA 23218 Fax: (804) 359-8160 | KEEP 1 COPY FOR CHAPTER SEND COPIES TO CHAPTER COUNSELOR, AVC PRESIDENT AND UNIVERSITY GREEK LIFE ADVISOR |