WEST VIRGINIA STATE UNIVERSITY

INCIDENT REPORT FORM

FOR FACULTY INVOLVED IN A CONFRONTATIONAL INCIDENT WITH AN ADVERSARIAL STUDENT

Name of Faculty: ______________________________________________________________

Department: __________________________________________________________________

Date Filed: ____________________________

Date of Incident: _______________________  Time: _____________________________

Location: ____________________________________________________________________

Name of Student: ______________________________________________________________

Names of witnesses and contact information:

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Please use the back of this form or attach additional pages for the following:

1. Factual description of the incident:

2. Assistance Requested [e.g. personal briefing on your rights and responsibilities, further investigation etc]:

A copy of this form should be filed with the Chair of your department, the Dean, the Vice-President for Academic Affairs, and Public Safety.

____________________________________________________________________________

Signature of Faculty Member              Date