

AC/RD Use only
Incident Report Number

ROCKHURST UNIVERSITY Incident Report



Office of Residence Life
1100 Rockhurst Rd
Kansas City, MO 64110
816.501.4843

Incident date: _____ **Time:** _____ AM **Location** Select Location Room Other _____

Student Code of Conduct Medical Concern Maintenance Concern Information Report

Individual(s) Involved:

<u>Name (Last, First)</u>	<u>fdaf</u>	<u>Student ID #</u>
(1) _____	Select Building	@00
(2) _____	Select Building	@00
(3) _____	Select Building	@00
(4) _____	Select Building	@00
(5) _____	Select Building	@00

<u>Non-Rockhurst Student(s) Involved</u>	<u>Room/Building Visiting</u>	<u>Guest of</u>
(1) _____	Select Building	
(2) _____	Select Building	

Please provide an objective and detailed 1st person account of the incident

Reporting Staff Member

Date Submitted to ORL

Email to: AC/RD, Assistant Dean of Students, Coordinator for Residence Education

To be completed by ORL staff only.

- | | | |
|--|--|-----------------------------------|
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Vandalism | <input type="checkbox"/> Smoking |
| <input type="checkbox"/> Disruptive Behavior | <input type="checkbox"/> Harassment/Discrimination | <input type="checkbox"/> Violence |
| <input type="checkbox"/> Drugs | <input type="checkbox"/> Noise | <input type="checkbox"/> Weapons |
| <input type="checkbox"/> Identification | <input type="checkbox"/> Guest/Visitation | <input type="checkbox"/> Other |
| <input type="checkbox"/> Biohazard | <input type="checkbox"/> Fire Safety | |