



**GATEWAY COMMUNITY AND TECHNICAL COLLEGE
INCIDENT REPORT FORM
(Please Print Legibly)**

Date of Incident _____ Time of Incident _____ AM/PM

Location of Incident – Campus Covington Edgewood Boone Urban Center

Person Making Report - Victim Student Employee Visitor

Name _____ ID/SSN _____

Address _____

City _____ State _____ Zip Code _____

Telephone Number(s) (____) _____ (____) _____

Witness (If Applicable) Student Employee Visitor

Name _____ ID/SSN _____

Address _____

City _____ State _____ Zip Code _____

Telephone Number(s) (____) _____ (____) _____

TYPE OF INCIDENT

- | | | |
|--|--|--|
| <input type="checkbox"/> Arson | <input type="checkbox"/> Menacing | <input type="checkbox"/> Sex Offenses-Force |
| <input type="checkbox"/> Assault | <input type="checkbox"/> Motor Vehicle Theft | <input type="checkbox"/> Sex Offense-Non-Force |
| <input type="checkbox"/> Burglary | <input type="checkbox"/> Murder | <input type="checkbox"/> Stalking |
| <input type="checkbox"/> Criminal Damage | <input type="checkbox"/> Reckless Homicide | <input type="checkbox"/> Terroristic Threat |
| <input type="checkbox"/> Manslaughter | <input type="checkbox"/> Robbery | <input type="checkbox"/> Theft |
| <input type="checkbox"/> Wanton Endangerment | | <input type="checkbox"/> Weapons Possession |

PREJUDICE

- | | | |
|---|---------------------------------|-------------------------------------|
| <input type="checkbox"/> Race | <input type="checkbox"/> Gender | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Ethnic | <input type="checkbox"/> Disability |

ARREST ONLY Drug-related Violation Liquor-law Violation Other Alcohol Violations

Police Report Filed? Yes No Date Report Made _____

Description of Incident – Victim (Please print legibly) – Use additional sheet if necessary

Description of Incident – Witness (Please Print legibly) – Use additional sheet if necessary

Signatures of Parties Involved

Victim _____ Date _____

Witness _____ Date _____

Witness _____ Date _____

Received by GCTC Employee: _____ Date _____

Please submit to the Dean of Students as soon as possible

Received by Dean of Student Affairs:

Signature _____ Date _____

Received by Safety Coordinator:

Signature _____ Date _____

Listed in Minger Incident Report Spreadsheet by:

Name (please print) _____ Date _____

Position: _____