INCIDENT REPORT

An Incident Report is required for all events/incidents occurring on or around any KVCC property, or at College sponsored events, regardless of whether emergency personnel have been contacted. Examples include criminal conduct, damage to property, hate crimes, sexual assault, harassment, motor vehicle accidents, theft, burglary, or any incident that requires a referral for disciplinary conduct. In the event of an individual accident, illness, or injury, please fill out appropriate accident form.

\***Reports should be submitted within 24 hours of the incident or on the next day that the campus is open**\*  
\*In the event of an incident that requires emergency personnel, call 911 immediately. Then call 453-5811 to notify Security\*

\*Complete and submit this form to either **Campus Safety and Security** Office\*  
**Fairfield Campus** - King Hall 113 | **Alfond Campus** - Averill 123   
Phone: (207)453-5811 | Email: [security@kvcc.me.edu](mailto:security@kvcc.me.edu)

**Date**: Click or tap to enter a date. **Time**: Enter Time **Campus**: Alfond  Fairfield  Other

**If Inside: Building**: Which Building? **Floor**: Which Floor? **Room #/Area**: What Room/Area?

**If Outside:** Describe any exterior area involved (Parking Lots, Walkways, Sidewalks, Open Areas, etc.)

**If Off-Campus:** Location of Student Club Activities, Clinical Training, or Experimental Education

**Were Emergency Services Notified:** Yes  No  **Description of Incident**: Be as Detailed as possible, attach additional information as needed

**Persons Involved:**

**Name**: Enter Name **Student ID/Phone #**: Enter ID/Phone Number

**Name**: Enter Name **Student ID/Phone #**: Enter ID/Phone Number

**Name**: Enter Name **Student ID/Phone #**: Enter ID/Phone Number

**Witnesses**:

**Name**: Enter Name **Student ID/Phone #**: Enter ID/Phone Number

**Name**: Enter Name **Student ID/Phone #**: Enter ID/Phone Number

**Name**: Enter Name **Student ID/Phone #**: Enter ID/Phone Number

**Reporting Individual:**

**Name:** Enter Reporting Individual’s Name **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Role/Title:** Student/Staff/Faculty/etc. **Date Report Completed:** Click or tap to enter a date.

**Disciplinary Action**: Describe any Disciplinary Action Taken

**Referral to Dean of Students**: Yes:  No:

**Additional Notes**: Add any addition information, such as names, phone numbers, notes, etc.