



# Turtle Mountain Community College

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Turtle Mountain Band  
Of  
Chippewa Indians  
•  
Charter Member  
American Indian  
Higher Education  
Consortium

## Turtle Mountain Community College Incident Report Form

Student (Copy to Registrar)

Staff (Copy to HR)

NAME OF PERSON REPORTING INCIDENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TIME OF INCIDENT: \_\_\_\_\_ A.M. or P.M. DATE: \_\_\_\_\_

TIME OF REPORT: \_\_\_\_\_ A.M. or P.M. DATE: \_\_\_\_\_

PLACE INCIDENT OCCURRED: \_\_\_\_\_

DESCRIBE IN FULL WHAT YOU WERE DOING AT THE TIME OF THE INCIDENT AND SPECIFICALLY WHAT THE INJURY WAS. BE SPECIFIC ABOUT BODY PARTS THAT WERE INJURED:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Please use the reverse side of paper if you need more room.)

PLEASE LIST ANY OTHER WITNESSES OF THE INCIDENT:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IN YOUR OPINION, WAS ANY CONDUCT PROHIBITED BY THE COLLEGE INVOLVED?  
YES or NO -IF YES, PLEASE STATE:

\_\_\_\_\_  
\_\_\_\_\_

PLEASE IDENTIFY THE INDIVIDUALS INVOLVED IN THIS CONDUCT:

\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE OF PERSON REPORTING INCIDENT

DATE

\_\_\_\_\_

To Be Completed by TMCC Personnel:

Corrective Action Taken: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Clery reportable crime? Yes  No  If Yes, case number from log \_\_\_\_\_

SEE OUR WEB PAGE AT: <http://www.tm.edu>

Accredited by the Higher Learning Commission-North Central Association  
230 S. LaSalle St., Suite 7-500, Chicago IL 60604-1413 1-800-621-7440