



Marion Military Institute

Incident Reporting Form

PART A: COMPLETE THIS PART OF FORM FOR ALL INCIDENTS

Person completing form: Last name: _____ First name: _____ Phone: _____

When did incident occur? Date: _____ Time: _____ AM PM Date of report: _____

Address, building name, or location of incident: _____

Was the incident: Inside Outside (If Outside): Clear Raining Snowing Other:

Incident Type: (Check all that apply). Commandant's Staff will determine specific Cadet Regulations violated and appropriate/necessary actions.)
 Alcohol Hazing Vandalism
 Academic Dishonesty Illegal Substances Weapon(s)
 Disorderly Conduct Sexual Harassment Vocalized Threat
 Disruptive in Class Theft Voiced Suicidal Gesture
 Harassment Unauthorized Use of: Other:

Brief Description of incident (Use Summary/Statement block if necessary): _____

Witness(es) to incident: Last name: _____ First name: _____ Phone: _____

Last name: _____ First name: _____ Phone: _____

Injury and illness information:
 No apparent injury or illness (Skip to Part C)
 Slight injury or illness not requiring professional medical attention Body part(s) injured: _____
 Injury or illness requiring professional medical attention
(If third box is checked, complete Part B)

Injured person: Last name: _____ First name: _____ Phone: _____

Barracks or local address (include city, state, zip): _____

Sex: Female Male Person(s) whom you authorize notification: _____

Phone number(s): _____

Injured person's relationship to MMI: Employee/Cadet Work Study Cadet (non-employee) Visitor

If injured is an employee/cadet work study, was the injury work related? Yes No

Office/Department: _____ Supervisor: _____

Job title of injured person: _____ Part-time Full-time

PART B: COMPLETE THIS PART ONLY IF INJURY OR ILLNESS REQUIRED MEDICAL ATTENTION

Check if Cadet Health Center was notified Transported to a medical facility off campus: Yes No

Name of medical facility: _____ Physician: _____ Date-initial treatment: _____

Description of medical treatment(s): _____

Date of birth (Month/Day/Year): _____

PART C: COMPLETE THIS PART ONLY IF INCIDENT INVOLVED LOSS OR DAMAGE TO PROPERTY

Property/Vehicle/Equipment Loss or Damage

What was lost or damaged? _____

Owner of damaged or lost property: _____ Owner's address: _____

Owner Phone: _____ Where can the damaged property be seen? (Attached or e-mail a photo if possible)

Was any State property lost or damaged? Yes No

PART C1: FOR ANY TYPE OF INCIDENT, THIS SECTION MUST BE COMPLETED

How could this incident have been prevented?

Person Reporting Incident: The above information on this report is accurate and truthful to the best of my knowledge.

Name: _____ **Signature:** _____ **Date:** _____

PART D: SUMMARY STATEMENT/WITNESS(ES) STATEMENT

Date: _____ **Name:** _____ **Signature:** _____

PART D1: SUMMARY STATEMENT/WITNESS(ES) STATEMENT

Date: _____ **Name:** _____ **Signature:** _____

**NOTIFY CAMPUS SAFETY AND SECURITY OFFICE IMMEDIATELY
FOR ALL INCIDENTS**

Route to/through (as applicable):

Chief, Campus Safety and Security: _____

Date: _____

Cadet Health Center: _____

Date: _____

Assistant Commandant for Support: _____

Date: _____

Final Copy to: Commandant of Cadets, 1101 Washington Street, Marion, AL 36756
Phone: (334) 683-2321 Fax: (334) 683-2323

