Danville Area Community College
Incident / Unusual Occurrence Report

Name of Person Filing Report _____ Title _____

Date of Occurrence _____ Time of Occurrence _____ AM ☐ PM ☐ Building _____ Room _____

Additional Description of Location _____

Person(s) Involved in Incident:

Name	Title	Phone

Type of Alleged Occurrence:

☐ Disgruntled Action	☐ Obscene Language	☐ Verbal Threats
☐ Physical Threats	☐ Inappropriate Physical Behavior	☐ Written Threat
☐ Sexual Offense	☐ Robbery or Other Crimes	☐ Other

Detailed Explanation:_____

_____

_____

_____

Was Security Notified ☐ Yes ☐ No Was Police Notified ☐ Yes ☐ No

Were there Witnesses ☐ Yes ☐ No (If yes list names of witnesses)

Name	Title	Phone

What immediate Action was taken _____

_____

What Follow-up Action will be taken _____

_____

Signature of Person Submitting Report_____ Date_____

Forward Copies To: DACC Security ☐ Human Resources ☐ Associate VP of Student Services ☐

Immediate Supervisor ☐ Director of Administrative Services ☐

Revised 11/12/2008