Cardinal Communities Incident Form

(Please note that you may choose to submit an anonymous report. However, this may impede our ability to fully investigate the matter, as it is often necessary to ask clarifying questions of the person submitting a report to our office. Proving your contact information will allow us to conduct a more thorough investigation.)

Name: _________________________________________________________

Email Address: _________________________________________________________

Phone Number:  _________________________________________________________

Cardinal Community Involved: ________________________________________________

Type of Incident (Select all that apply) [Required]

[ ] Alcohol Related Incident  [ ] Destruction of Property
[ ] Fighting   [ ] Harassment
[ ] Disruptive Behavior   [ ] Inappropriate Language
[ ] Self Injury   [ ] Sexual Assault
[ ] Theft    [ ] Other

If other, please describe:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Name of students involved: _________________________________________________

Date, Time and Location of Incident: ___________________________________________

Description of Incident:  _________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
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