

SOUTHEASTERN LOUISIANA UNIVERSITY

Incident Report

Program Name:
Date and time of incident:
Location of incident (country, city, place):
Name(s) of student(s) and others involved:
Nature of incident:
□ Alcohol/drugs
□ Vehicle accident
☐ Assault of student
☐ Other (specify)
Description of event:
Witnesses:
Outcome:
Sanctions place upon student:
☐ Verbal warning (describe):
- Verbai warning (describe).
☐ Written warning (attach copy):
☐ Termination from program (attach copy):
Report filed by: