

OFFICE USE ONLY

Date Rec: \_\_\_\_\_

Case #: \_\_\_\_\_

Violations: \_\_\_\_\_

# Incident Report Form

**GENERAL INFORMATION**

*Please complete this form to report a complaint against a UIC student for violations of the University Standards of Conduct: The completed form should be returned to the Office of the Dean of Students, 1200 West Harrison, M/C 318, Suite 3030 Student Services Building, Chicago Illinois 60607.*

**STUDENT INFORMATION**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

E-Mail \_\_\_\_\_ UIN \_\_\_\_\_

**INCIDENT DETAILS**

Date \_\_\_\_\_ Time \_\_\_\_\_

Location \_\_\_\_\_

**DESCRIPTION OF INCIDENT**

*Provide a detailed narrative of the incident including the chronological order of events, staff/faculty involvement and action taken. Attach additional pages as needed.*

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**SUPPORTING DOCUMENTS**

*Attach supporting documents if applicable (emails, photos, written materials, etc.)  
All supporting documents will be disclosed to the student.*

**WITNESS INFORMATION**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

#1 \_\_\_\_\_

#2 \_\_\_\_\_

**COMPLAINANT INFORMATION**

Name \_\_\_\_\_ C Phone \_\_\_\_\_

C Address \_\_\_\_\_

E-Mail \_\_\_\_\_ UIN \_\_\_\_\_

Signature \_\_\_\_\_ / \_\_\_\_\_  
Date

**CO-COMPLAINANT INFORMATION (IF NECESSARY)**

Name \_\_\_\_\_ C Phone \_\_\_\_\_

C Address \_\_\_\_\_

E-Mail \_\_\_\_\_ UIN \_\_\_\_\_

Signature \_\_\_\_\_ / \_\_\_\_\_  
Date