WEST VIRGINIA STATE UNIVERSITY

INCIDENT REPORT FORM

FOR FACULTY INVOLVED IN A CONFRONTATIONAL INCIDENT WITH AN ADVERSARIAL STUDENT

Name of Faculty:		
Department:		
Date Filed:		
Date of Incident:	Time:	
Location:		
Name of Student:		
Names of witnesses and contact information	on:	
Please use the back of this form or attach add 1. Factual description of the incident: 2. Assistance Requested [e.g. personal b investigation etc]: A copy of this form should be filed with the Oresident for Academic Affairs, and Public S	oriefing on your rights and responsib	
Signature of Faculty Member		Date