**LCO COLLEGE INCIDENT REPORT**

**Name:** Click here to enter text.

**Date of Incident:** Click here to enter a date.

**Type of Incident (Circle one)**

1. **Theft**
2. **Injury**
3. **Other (Describe)** Click here to enter text.

**Location (Room #, Office #, etc.)** Click here to enter text.

**Describe to the best of your ability, what has occurred. Be as descriptive and precise as you can be.**

Click here to enter text.

**Date the County/Tribal Police was notified:** Choose an item.

**Attachments:**

**Witness statements, photos, sketch of incident, copy of the police report.**

**Provide the completed form and all attachments to Director of Student Affairs for student issues and the Human Resources Office for employee and visitor issues.**