

## **INCIDENT REPORT FORM**

Please make copies of the form provided in the back of this manual for actual use. Available online at tke.org under the Risk Managemnet Tab. For electronic submission of this form, Please click email to TKE above

Chapter Name		School Name			
Chapter Address					
Person Making Report		Your Title or Relationship to Fraternity			
Your Address		Your Phone			
Your University Email		Your Personal Email			
Date of Incident	Time of Incident	Time of Incident		Date Reported to Headquarters	
Location and Street Address of Incident			On Premises	Off Premises	

Was there alcohol present or involved in this incident? (Describe)

Description of What Happened & Who was Involved ( Use additional page if necessary, be as detailed as possible )

Injured Person(s) Name(s) Use additional pages as neccessary		Injured Person(s) Name(s) Use additional pages as neccessary				
Street Address	City/ State/ Zip		Street Address	City/ State/ Zip		
Phone	Age	Sex	Phone	Age	Sex	
Jniversity Email	Personal Email		University Email	Personal Email	[	
Member	Non-Member		Member		Non-Member	
Role in Chapter	in Chapter Relationship to TKE		Role in Chapter	Relationship to	Relationship to TKE	
Injured Person(s) Name(s) Use a	udditional pages as neccess	ary	Injured Person(s) Name(s) Us	se additional pages as neccessa	ıry	
Street Address	eet Address City/ State/ Zip		Street Address	City/ State/ Zip	)	
Phone	Age	Sex	Phone	Age	Sex	
University Email	Personal Email		University Email	Personal Email	1	
Member	Non-M	lember	Member	Member Non-Member		
Role in Chapter	Relationship to T	ſKE	Role in Chapter	Relationship to	Relationship to TKE	
Prytanis	Address			Phone		
Prytanis University Email			Prytanis Persor	nal Email		
hapter Advisor Phone			Email			
Street Address						
Was a Police Report Made:	Yes No	, IF YES:				
olice Department			Police Department Phone			
			Officer Name			

COPY 1: Tau Kappa Epsilon Fraternity \* 7439 Woodland Drive Indianapolis, IN 46278 COPY 2: Keep for Phone: 317.872.6533 \* Fax: 317.875.8353 \* Email: tkeogc@tke.org chapter records

**COPY 3:** Your Chapter Advisor and/or your BOA Chairman