



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 Management 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 _____ 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)

Date Submitted to Insurance Company _____

(For Internal Use Only)

Blank box for Injured Person(s) Name(s)

Injured Person(s) Name(s) *Use additional pages as necessary*

Street Address _____ City/ State/ Zip _____

Phone _____ Age _____ Sex _____

University Email _____ Personal Email _____

Member

Non-Member

Role in Chapter _____ Relationship to TKE _____

Blank box for Injured Person(s) Name(s)

Injured Person(s) Name(s) *Use additional pages as necessary*

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Member

Non-Member

Role in Chapter _____ Relationship to TKE _____

Prytanis _____ Address _____ Phone _____

Prytanis University Email _____ Prytanis Personal Email _____

Chapter Advisor _____ Phone _____ Email _____

Street Address _____

Was a Police Report Made: *Yes* *No* **IF YES:**

Police Department _____ Police Department Phone _____

Officer Name _____ Report # _____