University of Montevallo Incident/Situation Report

Reporting Date: _____

Date of Incident _____

Time of Incident: _____ ☐ am ☐ pm

Location of Incident (include name of building):

_____

_____

Nature of Incident:

☐ Behavioral Incident/Situation ☐ Fire Alarm

☐ Medical Emergency ☐ Facilities/Door Issue

☐ Other (description): _____

Alcohol Related? ☐ Y ☒ N

Drug Related? ☐ Y ☒ N

Subject Information

Name (Last, first, middle)	SS#	Residence Hall & Room # or Local Mailing Address	Local Phone #	Subject Status*
1)				
2)				
3)				
4)				

*_**Subject Status:** **R**= UM Resident, **C** = UM Commuter, **FS** = Faculty/Staff, **N** = Non-UM

Brief Description of Incident:

_____

_____

_____

_____

_____

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_____

(Continue on separate sheet if necessary)

Handled by:

☐ HRL
☐ UMPD
☐ Admin Hearing
☐ Justice Council
☐ Student Life
☐ City Police
☐ VP for Student Affairs

Action Taken:

_____

_____

_____

Reporting Authority:

_____