



## Incident/Accident Report- Institute of American Indian Arts

|                          |             |                              |
|--------------------------|-------------|------------------------------|
| <b>Date of Incident:</b> | <b>Time</b> | <b>Location of Incident:</b> |
|--------------------------|-------------|------------------------------|

|                                      |                        |
|--------------------------------------|------------------------|
| <b>Name of Person making Report:</b> | <b>Date of Report:</b> |
|--------------------------------------|------------------------|

| Names of those involved | Type | Student ID | Room # | Witness* | Under 21 * |
|-------------------------|------|------------|--------|----------|------------|
|                         |      |            |        |          |            |
|                         |      |            |        |          |            |
|                         |      |            |        |          |            |
|                         |      |            |        |          |            |
|                         |      |            |        |          |            |
|                         |      |            |        |          |            |
|                         |      |            |        |          |            |
|                         |      |            |        |          |            |

Type: **NS**- Non Student    **OC**- Off Campus Student    **R**- Resident of IAIA  
*If just a witness please indicate under the witness Column with an "X"*  
*Also indicate if the resident is under 21 in with an "X"*

**Please Check the Following:**

FYI:

Serious Incident:

Critical Incident:

**Type of Incident:**

|   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Alcohol              | <input type="checkbox"/> Disturbance (Non Threatening) | <input type="checkbox"/> Roommate Conflict     | <input type="checkbox"/> Injury               |
| <input type="checkbox"/> Drugs                | <input type="checkbox"/> Disturbance (Threatening)     | <input type="checkbox"/> Mental Health Concern | <input type="checkbox"/> Medical Emergency    |
| <input type="checkbox"/> Health Concern       | <input type="checkbox"/> Hall Damage/vandalism         | <input type="checkbox"/> Medical Transport     | <input type="checkbox"/> Paramedics           |
| <input type="checkbox"/> Police               | <input type="checkbox"/> Theft                         | <input type="checkbox"/> Quiet Hours Violation | <input type="checkbox"/> Unlawful Entry       |
| <input type="checkbox"/> Fire Department      | <input type="checkbox"/> Fire Violation                | <input type="checkbox"/> Fire Alarm            | <input type="checkbox"/> Sexual Assault       |
| <input type="checkbox"/> Pet Policy Violation | <input type="checkbox"/> Guest Policy Violation        | <input type="checkbox"/> Failure to comply     | <input type="checkbox"/> Key Policy Violation |
| <input type="checkbox"/> Other:               |  |  |   |

|   |                      |        |
|---|----------------------|--------|
| Security Contacted? <input type="checkbox"/> Y <input type="checkbox"/> N | Security Guard Name: | Shift: |
|---|----------------------|--------|

|  |                              |                             |
|--|------------------------------|-----------------------------|
| Was Law Enforcement, EMS, or Fire Department Involved? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|--|------------------------------|-----------------------------|

Please list the Names of all involved, badge number, and case number if applicable:  
 Santa Fe Paramedics and Santa Fe Police *(no report made as there was no crime committed)*

Was Housing Director or Dean of Students notified?  Yes  No

If yes, then what time:

**List of other staff involved in the incident?**

| Name | Job Title |
|------|-----------|
|      |           |
|      |           |
|      |           |

**Describe the Details of the incident:**

Action Taken/Recommendations (Housing Director Notes):

Signature of person making Report

Date