



Incident/Accident Report- Institute of American Indian Arts

Date of Incident:	Time	Location of Incident:
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Name of Person making Report:	Date of Report:
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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:			
() Alcohol	() Disturbance(Non Threatening)	() Roommate Conflict	() Injury
() Drugs	() Disturbance (Threatening)	() Mental Health Concern	() Medical Emergency
() Health Concern	() Hall Damage/Vandalism	() Medical Transport	() Paramedics
() Police	() Theft	() Quiet Hours Violation	() Unlawful Entry
() Fire Department	() Fire Violation	() Fire Alarm	() Sexual Assault
() Pet Policy Violation	() Guest Policy Violation	() Failure to comply	() Key Policy Violation
() Other:			

Security Contacted? ()Y () N	Security Guard Name:	Shift:
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Was Law Enforcement, EMS, or Fire Department Involved? ()Yes ()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