RHODE ISLAND COLLEGE
OFFICE OF RESIDENTIAL LIFE AND HOUSING
INCIDENT REPORT FORM

Date of Incident:  
Time of Incident:  
Location of Incident:  
Name of Person Submitting Report:  
Date of Report:  

(Please include additional individuals’ information before the start of report)

Please describe the incident. Please do not editorialize and remember to spell & grammar checks

Name               ID Number               Address
1.                  2.                  3.                  4.                  5.                  

Professional Staff Member on Duty               Was Professional Staff called:  ☐Yes ☐No
Was Campus Police called? ☐Yes ☐No               Physical alcohol and/or drugs found:  ☐Yes ☐No
Short Form/Letter sent  ☐Yes ☐No               Meeting Scheduled
Additional Comments:  

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