



NORTHSHORE
TECHNICAL COMMUNITY COLLEGE

STUDENT INCIDENT REPORT

Please exercise care in completing this form. Take the time to print or write clearly.

Student Name: _____

Social Security Number: _____ LoLA ID _____

(THE SSN MUST BE **CONCEALED** ON ALL COPIES MADE OF THIS DOCUMENT)

Today's Date:

_____ Date of the

Alleged Incident: _____ Location of

the Alleged Incident: _____ Time of the

Alleged Incident: _____ Name of

the Respondent: _____

DESCRIBE THE ALLEGED INCIDENT

Instructions: Be specific. Describe clearly the alleged incident. (If necessary, seek assistance from a person of your choice in preparing this form.)

Please attach to this form any written and signed statements or other evidence which support your description of the alleged incident.

What remedy/solution are you seeking?

Please list all attachments that you are including with this form:

Signature: _____

Date: _____