



DONNELLY COLLEGE

INCIDENT REPORT

Dean of Students Office
608 North 18th Street
Kansas City, KS 66102
(913) 621-8762

Incident Date: _____ Time: _____ AM
PM Location: _____

- Student Code of Conduct Medical Concern Maintenance Concern Information Report

Individual(s) Involved:

Name (Last, First)	Location
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	

Non-Donnelly Students Involved	Room/Building Visiting	Guest of
(1)		
(2)		

Please provide an objective and detailed 1st person account of the incident:

Reporting Staff Member: _____ Date submitted to Dean of Students Office: _____

TO BE COMPLETED BY DEAN OF STUDENTS OFFICE ONLY

<input type="checkbox"/> Alcohol	<input type="checkbox"/> Vandalism	<input type="checkbox"/> Smoking
<input type="checkbox"/> Disruptive Behavior	<input type="checkbox"/> Harassment/Discrimination	<input type="checkbox"/> Violence
<input type="checkbox"/> Drugs	<input type="checkbox"/> Noise	<input type="checkbox"/> Weapons
<input type="checkbox"/> Identification	<input type="checkbox"/> Guest/Visitation	<input type="checkbox"/> Other
<input type="checkbox"/> Biohazard	<input type="checkbox"/> Fire Safety	

Please send to:
Donette Alonzo
Dean of Student Affairs
dalonzo@donnelly.edu
or paper copy to Room 210