

Date and Time of the Incident:		
Location of the Incident: Campus Mall Site Room # or Area:		
Nature of the Incident: Fall/personal injury		
Name of Person(s) Involved:		
Was this person a student? ☐ Yes ☐ No If yes, student's EMPLID#:		
Please check the relevant descriptors for the person involved.		
 □ Male □ Female □ Unknown/uncertain □ Hispanic □ Distinguishing characteristics: □ Distinguishing characteristics: □ Hispanic 		
☐ Other Clothing:		
If not a student, what was the purpose for being at NRCC?		
Were the police called? □ Yes □ No Responding agency and officer(s):		
Was security called? ☐ Yes ☐ No Responding officer:		
Was any other college official notified? ☐ Yes ☐ No If yes, who?		
Was first aid provided? ☐ Yes ☐ No Explain:		
If transported by EMS, to which medical facility?		

Description of incident, including disposition (if appropriate)		
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Witness(es)/Other responder(s), if applicable		
Name:	Phone:	
Name:	Phone:	
Name:	Phone:	
Submitted/prepared by:		
Name:	Phone:	
Signature:		
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Original – Security Office or Mall Site Administrator's Office Copies:

Mall Site Manager and/or Administrator (for all incidents occurring at the mall) Deborah Kennedy (for all student incidents)