



INCIDENT REPORT FORM

Please make copies of the form provided in the back of this manual for actual use. Available online at tke.org under the Risk Management Tab. For electronic submission of this form, Please click email to TKE above

Chapter Name

School Name

Chapter Address

Person Making Report

Your Title or Relationship to Fraternity

Your Address

Your Phone

Your University Email

Your Personal Email

Date of Incident

Time of Incident

Date Reported to Headquarters

Location and Street Address of Incident

On Premises

Off Premises

Was there alcohol present or involved in this incident? (Describe)

Description of What Happened & Who was Involved (Use additional page if necessary, be as detailed as possible)

Date Submitted to Insurance Company

(For Internal Use Only)

Blank box for Injured Person(s) Name(s)

Injured Person(s) Name(s) *Use additional pages as necessary*

Street Address _____ City/ State/ Zip _____

Phone _____ Age _____ Sex _____

University Email _____ Personal Email _____

Member

Non-Member

Role in Chapter _____ Relationship to TKE _____

Blank box for Injured Person(s) Name(s)

Injured Person(s) Name(s) *Use additional pages as necessary*

Street Address _____ City/ State/ Zip _____

Phone _____ Age _____ Sex _____

University Email _____ Personal Email _____

Member

Non-Member

Role in Chapter _____ Relationship to TKE _____

Blank box for Injured Person(s) Name(s)

Injured Person(s) Name(s) *Use additional pages as necessary*

Street Address _____ City/ State/ Zip _____

Phone _____ Age _____ Sex _____

University Email _____ Personal Email _____

Member

Non-Member

Role in Chapter _____ Relationship to TKE _____

Blank box for Injured Person(s) Name(s)

Injured Person(s) Name(s) *Use additional pages as necessary*

Street Address _____ City/ State/ Zip _____

Phone _____ Age _____ Sex _____

University Email _____ Personal Email _____

Member

Non-Member

Role in Chapter _____ Relationship to TKE _____

Prytanis _____ Address _____ Phone _____

Prytanis University Email _____ Prytanis Personal Email _____

Chapter Advisor _____ Phone _____ Email _____

Street Address _____

Was a Police Report Made: *Yes* *No* **IF YES:**

Police Department _____ Police Department Phone _____

Officer Name _____ Report # _____