



Turtle Mountain Community College

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Turtle Mountain Band
Of
Chippewa Indians
•
Charter Member
American Indian
Higher Education
Consortium

Turtle Mountain Community College Incident Report Form

NAME OF PERSON REPORTING INCIDENT: _____

ADDRESS: _____

TIME OF INCIDENT: _____ A.M. or P.M. DATE: _____

TIME OF REPORT: _____ A.M. or P.M. DATE: _____

PLACE INCIDENT OCCURRED: _____

PLEASE DESCRIBE THE INCIDENT AS OBJECTIVELY AS POSSIBLE:

(Please use the reverse side of paper if you need more room.)

PLEASE LIST ANY OTHER WITNESSES OF THE INCIDENT:

IN YOUR OPINION, WAS ANY CONDUCT PROHIBITED BY THE COLLEGE INVOLVED? YES
or NO IF YES, PLEASE STATE:

PLEASE IDENTIFY THE INDIVIDUALS INVOLVED IN THIS CONDUCT:

SIGNATURE OF PERSON REPORTING INCIDENT

DATE

SEE OUR WEB PAGE AT: <http://www.tm.edu>

Accredited by North Central Association of Colleges and Schools Commission on Institutions of Higher Education
30 North LaSale, Suite 2400, Chicago IL 60602

TURTLE MOUNTAIN COMMUNITY COLLEGE IS AN EQUAL OPPORTUNITY EMPLOYER

Revised 4-4-06