



Ohio Union Incident Report Form Instructions

In order for this form to be effective, please refer to the guidelines below. Please type all information

1. Participants Involved – List the Driver’s License Number (DLN), Student ID number (SID) or Employee ID number (EID), name(s), address(es), telephone number(s), birthdate(s), University Affiliation (if any), email of the individual(s) involved in the situation
2. Incident – Be as specific as possible. Note exact time, date, and location of incident.
3. Summary Data – Check the box(es) which best describe the situation identified in the Relevant information section.
 - Alcohol/Drug- Related: Any incident which involves (1) a violation of Union, University, or State guidelines for the possession, sales, or consumption of drugs and/or alcoholic beverages, or (2) abuse of alcohol/drugs (i.e. intoxication).
 - Assault/Threatened Assault: Any incident that involves physical harm or threat of physical harm to another person.
 - Bias-Related: Any behavior or activity which might reasonably bring embarrassment or emotional, psychological, or physical harm to the individual, or group of individuals. This behavior is directed toward an individual or group of individuals for reasons of race, color, creed, religion, sexual orientation, national origin, sex, age, handicap, or military status.
 - Building Security: Any incident that involves a known or potential breach of security (i.e. lost keys, propped doors).
 - Customer Comments: Any information received from a customer about their experience – good or bad – with service, staff, or facilities at the Ohio Union.
 - Damages: Any incident that involves damages to University, staff, tenant, or guest property.
 - Facilities/Equipment: Any incident that involves the improper care or condition of facilities or equipment (i.e. discharged fire extinguisher, malfunctioning elevators, public area cleanliness concerns, malfunctioning life safety equipment).
 - Fire Incident: Any incident that involves real fires or alarms.
 - Harassment: An activity that might reasonably bring embarrassment or emotional, psychological, or physical harm to the individual or that might degrade or otherwise compromise the dignity of the individual.
 - Illness/Injury: Any incident that involves a serious health issue for guest or staff, including death.
 - Public Safety Involvement: Any incident that involves safety or threat of safety to guest or staff.
 - Sales and Solicitation: Any incident that involves a violation of Union Sales and Solicitation Policy.
 - Theft: Any incident that involves the unauthorized removal of University staff or guest property (i.e. books, money, furniture, electronic equipment, etc.)
 - Unwanted Visitors: Any incident that involves an individual using the facility inappropriately.
 - Other: Any critical information that does not fit one of the above categories.
4. Relevant Information – Factually describe the incident including the time, location, and names. Describe your role and actions. Personal reactions and opinions should be avoided. Please be aware that this information may be shared with the people mentioned in this report. If additional forms are needed, number the pages in the top right corner.
5. Observers to the Situation – List the SID/EID or DLN, name(s), address(es), email and phone number(s) of the individual(s) who observed the incident. Obtain complete information including city and zip and have them sign.
6. Filer’s Information & Follow Up - Fill in your name and position (Housekeeper, Building Manager, etc.)



Ohio Union Incident Report Form (See reverse side for instructions)

Please attach any additional personal comments on a separate page. Completed forms should be scanned, saved & sent to edwards.1518@osu.edu, pelletier.12@osu.edu, and gladish.2@osu.edu. Place a hard copy of this form in the Building Manager Supervisor's mailbox.

1. Participant Involved: If no name, mark name as "Unknown."

Name: _____ DLN/EID/SID# _____

Phone: () _____ Birthdate: _____

Address: _____

City/ State/ Zip: _____

Email: _____ **Signature:** _____

Affiliation: OSU Student OSU Faculty/Staff Non-Affiliate Invited Guest

2. Incident Information: Location (specify): _____

When Occurred: ___/___/___ Time: _____ am/pm

When Reported: ___/___/___ Time: _____ am/pm

3. Summary Data:

- | | | |
|---|---|--|
| <input type="checkbox"/> Alcohol/Drug Related | <input type="checkbox"/> Customer Comments | <input type="checkbox"/> Illness/Injury |
| <input type="checkbox"/> Assault/Threatened Assault | <input type="checkbox"/> Damages | <input type="checkbox"/> Public Safety Involvement |
| <input type="checkbox"/> Bias-Related | <input type="checkbox"/> Facilities/Equipment | <input type="checkbox"/> Sales and Solicitations |
| <input type="checkbox"/> Bomb Threat | <input type="checkbox"/> Fire Incident | <input type="checkbox"/> Theft |
| <input type="checkbox"/> Building Security | <input type="checkbox"/> Harassment | <input type="checkbox"/> Unwanted Visitors |
| <input type="checkbox"/> Other: _____ | | |

4. Relevant Information: What happened? How did it happen? What explanations are there as to why this occurred?

5. Observer(s) to the Situation:

Name: _____ DLN/EID/SID# _____

Address: _____

Email: _____

Phone: () _____ Signature: _____

*Additional witness information can be placed on back of document.

Name of Responding Officer(s) _____

Police Report # _____

Camera Numbers _____

6. Filer's Information and Follow Up

Name: _____ DLN/EID/SID# _____

Position: _____ Email: _____

Phone: () _____ Signature: _____

Follow Up Call/Contact was made: ___/___/___

Contact/Reviewed by: Staff Name _____ Position _____ Date: ___/___/___



Incident Report Form: Additional Information

Please answer each question as thoroughly as possible with as much detail as you can so that everyone reading this can get a clear picture of what took place.

1. Description of the participants involved: What were they wearing? What did they look like?

2. Description of the Incident: What happened? What was your role as the Building Manager throughout the incident? Leave out no details!

3. Resolution: How was the issue resolved?