

Protection of Minors – Incident Report

Reporting Individual

Name _____

Title _____

Email Address and Phone Number _____

Incident Information

Type of Incident (select all that apply)

☐ Alarm

☐ Injury/Medical

☐ Damage

☐ Theft

☐ Disciplinary/Behavior

☐ Self Harm

☐ Fire

☐ Suspected Abuse/Neglect*

☐ Harm to Others

☐ Other (specify): _____

*In cases of suspected abuse or neglect, all mandatory reporters are required to also file reports with the State of Illinois DCFS and the Illinois Wesleyan University Title IX Coordinator.

Date Incident Discovered (mm/dd/yyyy) _____

Time Incident Discovered _____

Date(s) Incident Occurred _____

Time Incident Occurred (Start) _____ (End) _____

Location(s) of Incident _____

Is this incident related to another incident report? (Y/N) _____

Was Campus Safety or the Bloomington Police called? (Y/N) _____

If yes, brief description of related incident and date report filed _____

Description of Incident (be specific and detailed as possible; use additional sheets as needed)

Individuals Involved in Incident

Include information of all involved; use additional sheets as needed

1. Name _____

Program Role (check all that apply)

☐ attendee ☐ coach ☐ counselor ☐ director ☐ mentor ☐ staff ☐ student worker ☐ volunteer

Age (if under 21) _____

Contact Information (if under 18, that of parent/guardian) _____

2. Name _____

Program Role (check all that apply)

☐ attendee ☐ coach ☐ counselor ☐ director ☐ mentor ☐ staff ☐ student worker ☐ volunteer

Age (if under 21) _____

Contact Information (if under 18, that of parent/guardian) _____

3. Name _____

Program Role (check all that apply)

☐ attendee ☐ coach ☐ counselor ☐ director ☐ mentor ☐ staff ☐ student worker ☐ volunteer

Age (if under 21) _____

Contact Information (if under 18, that of parent/guardian) _____

Submit this form immediately to:

Title IX Coordinator
Holmes Hall
1312 Park Street
Bloomington, IL 61701