

# 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)

\_\_\_\_\_

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**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:

Cindy Lotz, Title IX Coordinator  
Director of Human Resources  
209 Holmes Hall  
[clotz@iwu.edu](mailto:clotz@iwu.edu)  
(309) 556-3536