



# Marion Military Institute

# Complaint/Incident Reporting Form

## PART A: COMPLETE THIS PART OF FORM FOR ALL INCIDENTS

Person completing form: Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Phone: \_\_\_\_\_

When did incident occur? Date: \_\_\_\_\_ Time: \_\_\_\_\_ ☐ AM ☐ PM Date of report: \_\_\_\_\_

Address, building name, or location of incident: \_\_\_\_\_

Was the incident: ☐ Inside ☐ Outside (If Outside): ☐ Clear ☐ Raining ☐ Snowing ☐ Other: \_\_\_\_\_

**Incident Type:** (Check all that apply). Commandant's Staff will determine specific Cadet Regulations violated and appropriate/necessary actions.)

<input type="checkbox"/> Alcohol	<input type="checkbox"/> Hazing	<input type="checkbox"/> Vandalism
<input type="checkbox"/> Academic Dishonesty	<input type="checkbox"/> Illegal Substances	<input type="checkbox"/> Weapon(s)
<input type="checkbox"/> Disorderly Conduct	<input type="checkbox"/> Sexual Harassment	<input type="checkbox"/> Vocalized Threat
<input type="checkbox"/> Disruptive in Class	<input type="checkbox"/> Theft	<input type="checkbox"/> Voiced Suicidal Gesture
<input type="checkbox"/> Harassment	<input type="checkbox"/> Unauthorized Use of:	<input type="checkbox"/> Other: _____

**Brief Description of incident (Use Summary/Statement block if necessary):**

Witness(es) to incident: Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Phone: \_\_\_\_\_

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Injury and illness information:**

- ☐ No apparent injury or illness (Skip to Part C)
- ☐ Slight injury or illness not requiring professional medical attention Body part(s) injured: \_\_\_\_\_
- ☐ Injury or illness requiring professional medical attention \_\_\_\_\_
- (If third box is checked, complete Part B)

**Injured person:** Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Phone: \_\_\_\_\_

Barracks or local address (include city, state, zip): \_\_\_\_\_

Sex: ☐ Female ☐ Male Person(s) whom you authorize notification: \_\_\_\_\_

Phone number(s): \_\_\_\_\_

**Injured person's relationship to MMI:** ☐ Employee/Cadet Work Study ☐ Cadet (non-employee) ☐ Visitor

If injured is an employee/cadet work study, was the injury work related? ☐ Yes ☐ No

Office/Department: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job title of injured person: \_\_\_\_\_ ☐ Part-time ☐ Full-time

## PART B: COMPLETE THIS PART ONLY IF INJURY OR ILLNESS REQUIRED MEDICAL ATTENTION

☐ Check if Cadet Health Center was notified Transported to a medical facility off campus: ☐ Yes ☐ No

Name of medical facility: \_\_\_\_\_ Physician: \_\_\_\_\_ Date- initial treatment \_\_\_\_\_

Description of medical treatment(s): \_\_\_\_\_

Date of birth (Month/Day/Year): \_\_\_\_\_

## PART C: COMPLETE THIS PART ONLY IF INCIDENT INVOLVED LOSS OR DAMAGE TO PROPERTY

**Property/Vehicle/Equipment Loss or Damage**

What was lost or damaged? \_\_\_\_\_

Owner of damaged or lost property: \_\_\_\_\_

Owner's address: \_\_\_\_\_ Owner's Phone: \_\_\_\_\_

Was any State property lost or damaged ☐ Yes ☐ No

Where can the damaged property be seen? (Attached or e-mail a photo if possible) \_\_\_\_\_

**PART C1: FOR ANY TYPE OF INCIDENT, THIS SECTION MUST BE COMPLETED**

How could this incident have been prevented?

**Person Reporting Incident:** The above information on this report is accurate and truthful to the best of my knowledge.**Name:****Signature:****Date:****PART D: SUMMARY STATEMENT/WITNESS(ES) STATEMENT****Date:****Name:****Signature:****PART D1: SUMMARY STATEMENT/WITNESS(ES) STATEMENT****Date:****Name:****Signature:****NOTIFY CAMPUS SAFETY AND SECURITY OFFICE IMMEDIATELY****FOR ALL INCIDENTS****Route to/through (as applicable):****Chief, Campus Safety and Security:** \_\_\_\_\_**Date:** \_\_\_\_\_**Cadet Health Center:** \_\_\_\_\_**Date:** \_\_\_\_\_**Assistant Commandant for Support:** \_\_\_\_\_**Date:** \_\_\_\_\_**Final Copy to: Commandant of Cadets, 1101 Washington Street, Marion, AL 36756****Phone: (334) 683-2321 Fax: (334) 683-2323**

**PART D2: ADDITIONAL SUMMARY STATEMENT/WITNESS(ES) STATEMENT**

[illegible]

Date:

Name:

**Signature:**

**PART D3: ADDITIONAL SUMMARY STATEMENT/WITNESS(ES) STATEMENT**

[illegible]**Date:**

Name:

**Signature:**

**PLEASE ENSURE TO ATTACH THESE STATEMENTS TO ACCOMPANY PART A-C OF THIS FORM.**