



**SCHENECTADY COUNTY COMMUNITY COLLEGE  
STATEMENT FORM**



Report Date:		Report Time:		Date Occurred:		Time Occurred:		
Location of Incident:							Room:	
Nature of Incident:								
Notifications:	<input type="checkbox"/> Sch'dy Fire Dept. <input type="checkbox"/> Police <input type="checkbox"/> Other:			Medical Treatment:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused			

Person Filing Statement				Status
Last Name:	First:	MI:	SCCC ID#:	<input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> V
Person Involved(s)				
Last Name:	First:	MI:	SCCC ID#:	<input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> V
Last Name:	First:	MI:	SCCC ID#:	<input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> V
Witness				
Last Name:	First:	MI:	Ph #:	<input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> V
Last Name:	First:	MI:	Ph #:	<input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> V

S = Student, E = Employee, V = Visitor

Describe what happened, how it happened, factors leading up to the event, substances or objects involved. Was the individual injured? If so, describe the injury (laceration, sprain, etc.), the part of the body injured and any other information known about the resulting injury (s). Be as specific as possible. Attach a separate sheet if necessary.

**Narrative:**

Signature:		Date:
Guards Printed Name:	Signature:	Date:
DISTRIBUTION:	<input type="checkbox"/> Vice President Administration <input type="checkbox"/> Assistant V.P. Administration <input type="checkbox"/> Vice President Student Affairs <input type="checkbox"/> Security <input type="checkbox"/> Maintenance <input type="checkbox"/> OTHER:	