



Incident Report

Note: The purpose of this report is to record incidences related to the faculty’s responsibilities as stipulated in the College Faculty Manual. Non-attendance and tardiness in institutional, school, and department activities are also included. Thus, this may be used as basis for evaluating faculty performance, including values.

This is **NOT** equivalent to a MEMO. Please respond within 7 working days upon receipt.

REPORTED BY: _____

DATE OF REPORT: Click or tap to enter a date.

POSITION: _____

NATURE OF INCIDENT:

Level:
 Institutional School Department

Attendance Others Choose an item.
 Submission

FACULTY INCIDENT INFORMATION

RESPONDENT/S: _____

DEPARTMENT: Choose an item.

DATE OF INCIDENT: Click or tap to enter a date.

TIME OF INCIDENT: _____

LOCATION: _____

OTHER PERSON(S)
INVOLVED: _____

WITNESSES: _____

INCIDENT DESCRIPTION INCLUDING ANY EVENTS LEADING TO OR IMMEDIATELY FOLLOWING THE INCIDENT (TO BE FILED BY THE REPORTER):

[Empty text area for incident description]

FACULTY EXPLANATION OF EVENTS / CIRCUMSTANCES (TO BE FILED BY THE RESPONDENT/S):

[Empty text area for faculty explanation]

RESULTING ACTION EXECUTED, PLANNED, OR RECOMMENDED (TO BE FILED BY THE CHAIR/DEAN):

[Empty text area for resulting action]

REPORTER: _____

SIGNATURE: _____

DATE: Click or tap to enter a date.

RESPONDENT: _____

SIGNATURE: _____

DATE: _____

CHAIR/DEAN: _____

SIGNATURE: _____

DATE: _____