UNO Website Behavioral Review Team Reporting Form Incident Reporting Form

University of Nebraska at Omaha

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Behavioral Review Team Reporting Form

If this is an emergency, call 911 or contact Public Safety at 402.554.2911 immediately. This form is intended to be used for reporting concerns about the health and safety of members of the UNO community. Please note, a specific incident is not required when using this form. General concerns may also be reported here.

**Reporter’s Information**

- Your full name:
- Your phone number:
- Your email address:
- Date of incident/concern (YYYY-MM-DD)
- Time of incident/concern:
- Location of incident/concern:
- Specific location:

**Involved Individual(s) Information**

Please list the individuals involved (excluding yourself), including as many of the listed fields as you can provide.

<table>
<thead>
<tr>
<th>Name</th>
<th>Select Role</th>
<th>NUID Number, if known</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Please choose...</td>
<td></td>
</tr>
</tbody>
</table>

**Detailed Summary**

Please provide a detailed description of the incident or concern using specific, concise, objective language. Please be professional, accurate and factual. If you did not witness the incident, what is the name of the individual who told you about it and what is their relationship with the person of concern? Please note: Information shared here may be disclosed to the person who is the subject of this report.

**I am concerned about the following behaviors (check all that apply)**

- Academic Difficulty
- Death of Family Member
- Death of Fellow Student
- Death of Non-Student/Other
- Destruction of Property
- Excessive Absences from Class
- Financial Concerns
- Injury/Illness - Hospital
- Injury/Illness - Other

**Are you aware of any additional developments since the incident?**

- Yes
- No
- I don’t know

If yes, please describe the additional information here:

**Supporting Documentation**

Photos, video, email, and other supporting documents may be attached below. 1GB maximum total size. Attachments require time to upload, so please be patient after submitting this form.
One last step...

Help us prevent spam reports by completing this captcha.

Email me a copy of this report

Submit report