


2016

UNO Website Behavioral Review Team Reporting Form Incident Reporting Form

University of Nebraska at Omaha

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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

Enable additional features by [logging in](#).

Your full name:

Your phone number:

Your email address:

Date of incident/first concern (required):

Time of incident/concern:

Location of incident/concern (required):

Specific location:

Involved Individual(s) Information

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

Name	Select Role	NUID Number, if known
<input type="text"/>	<input type="text" value="Please choose..."/>	<input type="text"/>

[Add another](#)

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.) (required)

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

- | | | |
|--|---|---|
| <input type="checkbox"/> Academic Difficulty | <input type="checkbox"/> Mental Health Issues | <input type="checkbox"/> Suicide Ideation |
| <input type="checkbox"/> Death of Family Member | <input type="checkbox"/> Misuse of Alcohol | <input type="checkbox"/> Threats to Others |
| <input type="checkbox"/> Death of Fellow Student | <input type="checkbox"/> Misuse of Drugs | <input type="checkbox"/> Transition/Involvement |
| <input type="checkbox"/> Death of Non-Student/Other | <input type="checkbox"/> Physical Health Issues | <input type="checkbox"/> Unable to Locate Student |
| <input type="checkbox"/> Destruction of Property | <input type="checkbox"/> Relationship Issues | <input type="checkbox"/> Unusual Behavior |
| <input type="checkbox"/> Excessive Absences from Class | <input type="checkbox"/> Self-Harm Attempt | <input type="checkbox"/> Urgent Room Change |
| <input type="checkbox"/> Financial Concerns | <input type="checkbox"/> Self-Harm Ideation | <input type="checkbox"/> Witness to an Incident |
| <input type="checkbox"/> Injury/Illness - Hospital | <input type="checkbox"/> Sexual Misconduct/Harassment | <input type="checkbox"/> Other |
| <input type="checkbox"/> Injury/Illness - Other | <input type="checkbox"/> Suicide Attempt | |

Are you aware of any additional developments since the incident? (required)

- 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.

I'm not a robot



Email me a copy of this report

Submit report