

Incident Report Form - Alcohol & Other Drugs

Student Health Center · Wellness Center · Room 120

Mailcode 6740 · 374 East Grand Avenue · Carbondale, IL 62901

Ph: 618/536-4441 · Fax: 618/453-4449

The Wellness Center has a primary role in preventing alcohol and other drug misuse among SIUC students. By filling out this report, you will be alerting the Wellness Center to the fact that a particular student was recently involved in an alcohol or other drug related incident. The Wellness Center will review your report and will take steps to ensure that at-risk students come in for counseling.

Please provide as much information as you can for this report as soon as possible after the incident. Deliver your report by fax (618/453-4449) or transit it to the Wellness Center at the address provided above.

Thank you for your cooperation.

Student's Personal Data

Name (last, first, middle)		Gender	Age	Ethnicity	Year in School
Address		City / State			Zip Code
Phone	Cell Phone	Student ID#			
Where does the student live?					
<input type="checkbox"/> On Campus residence hall		<input type="checkbox"/> Apartment or house, alone or with roommates			
<input type="checkbox"/> Southern Hills or Evergreen Terrace		With family members: <input type="checkbox"/> Parents <input type="checkbox"/> Partner/Spouse <input type="checkbox"/> Children			
<input type="checkbox"/> Sorority or Fraternity House					

Incident Information

Date Incident Occurred	Time Incident Occurred	
Location Of Incident (give specific address if known)	City / State	Zip Code
Incident Narrative: Please describe the nature of the incident in detail.		



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Background Information

<p>Prior Counseling: Is the student currently in counseling or has been in the past? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> don't know</p>	<p>If yes, from whom and when?</p>
<p>Prior At Risk Behavior: Has this person had previous alcohol or other drug incidents? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> don't know</p>	<p>If yes, please describe?</p>

Contacts (Can you think of anyone who might be able to provide additional information about the incident?)

Contact 1: Name	Phone Number	Relationship to Student
Contact 2: Name	Phone Number	Relationship to Student
Contact 3: Name	Phone Number	Relationship to Student

Your Contact Information

Name (last, first, middle)	Relationship to Student
Department	Phone
Today's Date	Cell Phone