Student Services
Central Maine Community College
1250 Turner Street
Auburn, ME 0210

Central Maine COMMUNITY COLLEGE

Incident Report Form

Name _____

Status: Student Employee Visitor (circle) Incident Date/Time: _____

Your Address _____ Phone #(s): _____

_____ Email: _____

Description of the incident (include exact location):

- continue on separate sheet if necessary -

Description of any injury: Please include if any medical attention was administered by CMCC personnel.

Description of any action taken: Include if any non-campus services (fire, police, rescue) were called.

Name(s) of any witnesses, if applicable:

Name(s) of any CMCC personnel who were notified:

To the best of my knowledge, all of the information provided here is complete and accurate.

_____ _____

Signature Date