

INCIDENT REPORT

In order to create an environment whereby students can live safely, succeed academically, and develop skills for life, leadership, and service, the College relies upon students to know and adhere to standards of behavior pertaining to personal and academic integrity, guided by the Student Honor Pledge, College policies and Greek laws. Students are expected to respect the rights and privileges of others and to exhibit both inside and outside the classroom conduct becoming of a student in both manner and attitude. To this end, the College has developed its own standards for student conduct as well as procedures for disciplinary action.

If you would like to report an incident to the Office of Student Affairs, Residential Services or the Office of International Student Services please complete the Incident Report Form below.

An Incident Report Form should be completed for every alleged violation of the Student Conduct Code, the Residence Rules and Regulations and any other College policy as soon as possible to ensure prompt investigation and resolution by the College.

Scroll down to fill out the form. If you would like to speak with someone please contact the Office of Student Affairs at +30 210 600 9800 ext 1446. Please email the form to incident@acg.edu

The Office of Student Affairs will contact you within 24 hours of receiving the form.

If the incident is of medical concern, please call the ACG Nurses at +30 210 600 9800 ext. 1193 and 1500 or if life threatening call 166 (EKAB Ambulance Service).

For other life-threatening emergencies, call College Security at the Main Gate +30 210 600 9800 ext. 1100).

☐ I am specifically reporting a safeguarding concern

☐ I am specifically reporting a harassment and/or sexual misconduct concern

INCIDENT REPORT FORM



*: Required Fields

I. Information about person reporting an incident

*Last Name:

*First Name:

*Student ID:

*ACG Member:

ACG Student ☐

ACG Employee ☐

Other, please specify

*Phone number(s):

*Email:

*Date of Report:

*Time of Report:

ACG Employee contacted before or during the reporting process:



II. Please provide information on the people (victims, offenders, witnesses) involved in the incident.

A. Victim 1

*Last Name: [redacted]

*First Name: [redacted]

*Name (if the name is unknown, please write "UNKNOWN"):

*ID: [redacted]

*ACG Member:

ACG Student ☐

ACG Employee ☐

Other, please specify [redacted]

*Phone number(s): [redacted]

*Email: [redacted]

If the name of the victim(s) is unknown, please provide any information that would lead to his/her identification (ex. Member of a club, brief description, Major etc.)

[redacted]

B. Victim 2

*Last Name: [redacted]

*First Name: [redacted]

*Name (if the name is unknown, please write "UNKNOWN"):

*ID: [redacted]

*ACG Member:

ACG Student ☐

ACG Employee ☐

Other, please specify [redacted]

*Phone number(s): [redacted]

*Email: [redacted]

If the name of the victim(s) is unknown, please provide any information that would lead to his/her identification (ex. Member of a club, brief description, Major etc.)

[redacted]



II. Please provide information on the people (witnesses and victims) involved in the incident.

A. Offender 1

*Last Name: [redacted]

*First Name: [redacted]

*Name (if the name is unknown, please write "UNKNOWN"):

*ID: [redacted]

*ACG Member:

ACG Student ☐

ACG Employee ☐

Other, please specify [redacted]

*Phone number(s): [redacted]

*Email: [redacted]

If the name of the offender(s) is unknown, please provide any information that would lead to his/her identification (ex. Member of a club, brief description, Major etc.)

[redacted]

B. Offender 2

*Last Name: [redacted]

*First Name: [redacted]

*Name (if the name is unknown, please write "UNKNOWN"):

*ID: [redacted]

*ACG Member:

ACG Student ☐

ACG Employee ☐

Other, please specify [redacted]

*Phone number(s): [redacted]

*Email: [redacted]

If the name of the offender(s) is unknown, please provide any information that would lead to his/her identification (ex. Member of a club, brief description, Major etc.)

[redacted]



A. Witness 1

*Last Name: [redacted]

*First Name: [redacted]

*Name (if the name is unknown, please write "UNKNOWN"):

*ID: [redacted]

*ACG Member:

ACG Student ☐

ACG Employee ☐

Other, please specify [redacted]

*Phone number(s): [redacted]

*Email: [redacted]

If the name of the witness(s) is unknown, please provide any information that would lead to his/her identification (ex. Member of a club, brief description, Major etc.)

[redacted]

B. Witness 2

*Last Name: [redacted]

*First Name: [redacted]

*Name (if the name is unknown, please write "UNKNOWN"):

*ID: [redacted]

*ACG Member:

ACG Student ☐

ACG Employee ☐

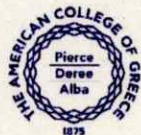
Other, please specify [redacted]

*Phone number(s): [redacted]

*Email: [redacted]

If the name of the witness(s) is unknown, please provide any information that would lead to his/her identification (ex. Member of a club, brief description, Major etc.)

[redacted]



III. Please provide information on the incident.

*Date(s) of incident:

*Time(s) of incident:

*Please describe **where** the incident took place. (ex. Deree building, Residence Complex [R1, R2, R3, R4], Gym, etc.)

* Please describe **the facts** of the incident in as much detail as possible.



If the incident resulted in physical harm did any of the following take place? Please check as many as apply.

First Aid Treatment ☐

Visit to College Nurse ☐

Contacted EKAB ambulance services (166) ☐

Contacted Police/Immediate Response (100) or Fire Emergency Service (199) ☐

Visited the Hospital ☐

Damage to College or personal property

Signature of person reporting the incident – *If the Form is submitted electronically, please type your name in lieu of a signature and use your personal ACG email to submit the report to incident@acg.edu.*

[Submit to incident@acg.edu](mailto:incident@acg.edu)

For Office use only:

Directions: Fields that have not been filled by the person reporting the incident should be completed by the investigatory party with a different color ink and initials should be placed next to field/comment.

Name of administrator processing the document:

Departments notified:

Checklist:

- o Individuals involved were contacted ☐
- o Administrative Hearing took place (date) ☐
- o Sanctions administered and communicated (date) ☐
- o Appellate Hearing (date) ☐
- o Incident documented ☐
- o Registrar's, College Security and other departments as necessary have been informed ☐