

TOTO Initiative, Oklahoma Christian University  
Incident Report Form



Date of Incident: \_\_\_\_\_

**VICTIM INFORMATION**

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Sex:  Male  Female

**DOG/OWNER INFORMATION**

Dog's Name: \_\_\_\_\_ Dog Breed: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

OC Department: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**INCIDENT INFORMATION**

Location of Incident: \_\_\_\_\_

Please explain the incident:

\_\_\_\_\_  
\_\_\_\_\_

**WITNESSES** *(Name, cell phone)*

\_\_\_\_\_

**REPORTER OF INCIDENT**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

**ADVISORY BOARD FOLLOW-UP**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Recommendation: \_\_\_\_\_