

**MECC Incident Report**

**Name of individual(s) involved in Incident:**

**SSN or Empl ID:**

**Address:**

**Email Address:**

**Telephone:**

**Name of Individual Reporting the Incident:**

**Date and Location of Incident:**

**Summary of Incident:**

**Resolution:**

**Copy: Person involved in incident** \_\_\_\_

**Person resolving the incident** \_\_\_\_

**Director of Student Services** \_\_\_\_

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Current Student ID Verified Yes** \_\_\_\_

**No** \_\_\_\_