



TAU KAPPA EPSILON

— Better Men for a Better World —

INCIDENT REPORT FORM

Chapter Name

School Name

Chapter Address

Person Making Report

Your Title or Relationship to Fraternity

Your Address

Your Phone

Your University Email

Your Personal Email

Date of Incident

Time of Incident

Date Reported to Headquarters

On Premises

Off Premises

Location and Street Address of Incident

Was there alcohol present or involved in this incident? (Describe)

Description of what happened and who was involved. (Use additional page if necessary. Be as detailed as possible.)

Internal Use Only

Date Submitted to Insurance Company _____



Name of Injured Person *(Use additional pages as necessary.)* _____ Street Address _____ City _____ State _____ Zip _____
 Phone _____ University Email _____ Personal Email _____ Age _____ Sex _____
 Member Non Member Role in Chapter _____ Relationship to TKE _____

Name of Injured Person *(Use additional pages as necessary.)* _____ Street Address _____ City _____ State _____ Zip _____
 Phone _____ University Email _____ Personal Email _____ Age _____ Sex _____
 Member Non Member Role in Chapter _____ Relationship to TKE _____

Name of Injured Person *(Use additional pages as necessary.)* _____ Street Address _____ City _____ State _____ Zip _____
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Name of Injured Person *(Use additional pages as necessary.)* _____ Street Address _____ City _____ State _____ Zip _____
 Phone _____ University Email _____ Personal Email _____ Age _____ Sex _____
 Member Non Member Role in Chapter _____ Relationship to TKE _____

Prytanis Phone

Address

Prytanis University Email

Prytanis Personal Email

Chapter Advisor Phone

Address

Email

Was a Police Report Made: Yes No

Police Department Police Department Phone

Officer Name Report #

Create three copies of this report as follows:

COPY 1:
Send to Tau Kappa Epsilon Fraternity
7439 Woodland Drive Indpls, IN 46278
Phone: 317.872.6533
Fax: 317.875.8353
Email: tkeogc@tke.org

COPY 2:
Keep for chapter records.

COPY 3:
Provide to your Chapter Advisor
and/or your BOA Chairman.