



SGT UNIVERSITY

SECURITY INCIDENT REPORT

Use this form to report accidents, injuries, medical situations, criminal activities, traffic, or student behavior incidents. A report should be completed within 4 hours of the event if possible.

Date of Report:

PERSON/S INVOLVED

Student /Faculty/Employee

Details of Employee

Name -
Emp. Id. -
Dept. -
Residence -
Room No. -

Designations/Semester:
Day Boarders/Hosteller:

Phone: _____ (if available)

THE INCIDENT

Date of Incident:

Time: ☐ AM ☒ PM

Location: -

Describe the Incident:

WITNESSES

Were there witnesses to the incident? ☐ Yes ☐ No

If yes, enter the witnesses' names and other details: -

POLICE / MEDICAL SERVICES

Police Notified? ☐ Yes ☒ No If yes, was a report filed? ☐ Yes ☐ No

Was medical treatment provided in the university? ☐ Yes ☐ No

PERSON FILING REPORT

Signature: Security

Date:

Name: Security Team

Mob. No. – EXTN- 2022

REPORT FORWARDED TO

HR

Registrar

Officer In-charge