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THE DELTA CHI FRATERNITY, INC.



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Incident Report Form

When an incident arises at the chapter causing bodily injury or property damage to any person, the following information must be obtained immediately. This report is being prepared for submission to a Delta Chi General Counsel, so please be thorough. Do not withhold reporting an incident to obtain required information. It is essential that you submit this immediately within 24 hours to the Delta Chi International Headquarters. If serious bodily injury is involved, please call 319-337-4811 immediately!

Chapter Name *

Date of Incident *

 / / 

MM DD YYYY

Address *

Street Address

Address Line 2

City

State / Province / Region

Postal / Zip Code

Country

Phone Number *

 - -

####

Chapter President Name *

First

Last

Chapter Advisor Name *

First Last

Chapter Advisor Address *

Street Address

Address Line 2

City

State / Province / Region

Postal / Zip Code

Country

Chapter Advisor Phone *

 - -

####

House Corporation President

First Last

House Corporation Phone

 - -

####

INCIDENT INFORMATION

A detailed description of the incident needs to be provided

Injured Party Name

First Last

Injured Party Address

Street Address

Address Line 2

City

State / Province / Region

Postal / Zip Code

Country

Injured Party PPhone

 - -

####

Witnesses and Contact Information *

Did the incident happen off premises? *

Yes

No

If yes, Owner's Name

Owner's Phone Number

Owner's Address

Street Address

Address Line 2

City

State / Province / Region

Postal / Zip Code

Country

Is there a police investigation? *

Yes

No

If yes, name of agency and case number

Description of injury and where was the injured party taken? *

Description of what happened. (What, When, Where, Who, How) *

Form Completed By:

Please provide your information.

Name *

First Last

Phone Number *

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Email *

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