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| **MIND ALTERING SUBSTANCE INCIDENT REPORT FORM** |

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| **Date of incident** |  |
| **Time of incident**  |  |
| **Name of Person/s Compiling Report** |  |
| **Designation** |  |
| **Telephone number** |  |
| **Email address** |  |
| **Institute / Department where incident occurred** |  |
| **Witness** |  |
| **Campus**  |  |
| **Location of incident** |  |
|  |
| **Alleged Offender** |  |
| **Status** *(student/staff/other)* |  |
| **Course** *(if a student)* |  |
| **Date of Birth** |  |
| **Identity Card Number** |  |
| **Address** |  |
|  |
| **Telephone Number** |  |
| **Mobile Number** |  |
| **Name of: Mother / Father / Guardian** *(if minor)***Telephone Number:****Mobile Number:** |  |

|  |  |
| --- | --- |
| **Brief description of incident including witnesses’ details:** |  |
| **Interventions done** *(including dates)***:** |  |
| **Additional remarks, if any:** |  |
| **Name, Designation and Signature of person making the report:** |  |
| **Date and time:** |  |

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| ***-------------------------------------------------------------For office use only----------------------------------------------------***

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| **DIRECTOR OUTREACH SERVICES AND STUDENT AFFAIRS** |
| ***Comments*** |
| ***Name (in Block Letters)*** |  |
| ***Signature*** | ***Date*** |
| **PRINCIPAL AND CEO / DEPUTY PRINCIPAL** |
| ***Comments*** |
| ***Name (in Block Letters)*** |  |
| ***Signature*** | ***Date*** |

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*MCAST Rubber stamp*