



INCIDENT REPORT FORM

WILLING TO SPEAK TO MEDIA? YES NO

DATE REPORTED _____

ATTORNEY WORKING ON CASE? YES NO

INCIDENT DATE _____

NAME: _____ PHONE: _____

VICTIM INFORMATION:

INTAKE PERFORMED BY: _____

NAME: _____ REPORTED BY: _____

ADDRESS: _____ CITY/ST/ZIP _____

HOME PHONE: _____ CELL PHONE: _____

WORK PHONE: _____ EMAIL: _____

SUBSCRIBE TO CAIR-CHICAGO E-NEWSLETTER: Yes No

RELIGIOUS AFFILIATION: Muslim Other _____ **ETHNICITY** _____

NATURE OF INCIDENT: Airline Child Custody Criminal Employment Government Prison
 Public Accommodation School General

HOW DID YOU HEAR ABOUT US? :

CAIR-Chicago Presentations Newsletter Website Media Individual Other

OFFENDING PARTY INFORMATION:

NAME: _____

AFFILIATION: _____

ADDRESS: _____ CITY/ST/ZIP _____

HOME PHONE: _____ CELL PHONE: _____

WORK PHONE: _____ EMAIL: _____

BRIEFLY DESCRIBE DETAILS OF THE INCIDENT, USE BACK OF SHEET FOR ADDITIONAL SPACE IF NEEDED.