

## INCIDENT REPORT FORM

Person completing form:	Other individuals involved:	Contact info (if known)
Name: _____	Name: _____	_____
Local address: _____	Name: _____	_____
Phone: _____	Name: _____	_____
Cell: _____	Name: _____	_____

**Date of incident:** \_\_\_\_\_

**Time of incident:** \_\_\_\_\_ am/pm

**Building:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Check all that apply:**

<input type="checkbox"/> Accident	<input type="checkbox"/> Drugs	<input type="checkbox"/> Noise
<input type="checkbox"/> Alarm	<input type="checkbox"/> Failure to comply	<input type="checkbox"/> Theft
<input type="checkbox"/> Alcohol	<input type="checkbox"/> Fire	<input type="checkbox"/> Trespass
<input type="checkbox"/> Assault	<input type="checkbox"/> Injury	<input type="checkbox"/> Vandalism
<input type="checkbox"/> Complaint	<input type="checkbox"/> Medical	<input type="checkbox"/> Other _____

**Describe incident in full**

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*USE ADDITIONAL PAPER IF NECESSARY*

I understand that this report may be disclosed to Utica College officials, employees or law enforcement officials who may be investigating this incident, and that I may be contacted in the event that there are questions regarding my statement or if additional information is required. I further acknowledge and consent that this report or any written account referencing my statements concerning this incident may be disclosed to any individuals who are the subject of a campus disciplinary action, solely for the purpose of use in said action.

Please sign and date each page!

\_\_\_\_\_

print name

\_\_\_\_\_

date

\_\_\_\_\_

signature

**INCIDENT REPORT FORM (continued)**

*Use additional paper if necessary.*

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Please sign and date each page!

\_\_\_\_\_   
 print name

\_\_\_\_\_   
 date

\_\_\_\_\_   
 signature

\_\_\_\_\_   
 date of incident