

INCIDENT REPORT FORM (continued)

Use additional paper if necessary.

I understand that this report may be disclosed to Utica Wpkxgtukv{ 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

 date of incident