

SCSU – Incident Report

To be completed by individual/employee who witnessed or was informed of the incident. Please submit form to the Director of Campus Recreation. Use back of form if more space is needed.

Please Print

Date of Incident: _____ Time of Incident: _____ Activity: _____

Location of Incident: _____

1) Name of Person Involved in Incident: _____

Address: _____

Phone: _____ Age: _____ Sex: M F

If Minor (Parent or Guardian): _____

2) Name of Person Involved in Incident: _____

Address: _____

Phone: _____ Age: _____ Sex: M F

If Minor (Parent or Guardian): _____

Description of Incident (How & Why)

Action Taken

Witnesses (Name, Address, Phone)

Printed Name of Person Competing Form

Signature of Person Competing Form