



Incident Report

Date of Incident: _____
Time of Incident: _____
Program Area: _____

Involved Participant Information

Name of participant: _____ Phone number: _____
 ID number: _____ M / F DOB: _____
 Circle one: Student Faculty Staff Guest Alumni Other: _____
 Local address: _____ Email: _____
 City: _____ State: _____ Zip: _____

If Under 18:
 Parent's Name: _____ Parent's Phone Number: _____

Type of incident (check one)

<input type="checkbox"/> Broken Equipment	<input type="checkbox"/> Complaint/Suggestion	<input type="checkbox"/> Water Rescue
<input type="checkbox"/> Fight	<input type="checkbox"/> Equipment Request	<input type="checkbox"/> Threat
<input type="checkbox"/> Behavioral Problem	<input type="checkbox"/> Mechanical Failure	<input type="checkbox"/> Suspicious Activity
<input type="checkbox"/> Theft	<input type="checkbox"/> Vandalism	<input type="checkbox"/> Other

If other, please describe

If 911 or Safety is called:

Time of Arrival: _____ Officer's Name: _____
 Time of Departure: _____ Badge Number: _____

Describe or state the incident:

Describe the action taken by staff:

Witness Information

Name of witness: _____

Phone number: _____

Email: _____

Witness Signature

Date: _____ Time: _____

Participant's Signature:

_____ Date: _____

Employee's Signature:

Title: _____

Date: _____ Time: _____

Pro Staff Follow up

Report Reviewed By: _____

Title: _____

Date: _____ Time: _____

Additional comments:
