

## GENERAL INCIDENT REPORT

Name of Alleged Offender \_\_\_\_\_

Alleged Offender Student I.D. \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street Apt No.

City State Zip Code

Date and Time of Alleged Incident \_\_\_\_\_, 20\_\_ \_\_\_\_\_ a.m./p.m.

Location where alleged incident occurred:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was a police report filed? Y / N (circle one)

If yes, date report was filed \_\_\_\_\_

List Any Witnesses to Alleged Incident

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_ Telephone \_\_\_\_\_

Below please provide details of the alleged incident. **\*Important Note: Filing of a incident report does not automatically initiate judicial action.**

\_\_\_\_\_  
\_\_\_\_\_

