University College  
Division of Housing, Student and Residential Life  
Incident Report

Today’s Date: __________ Date of incident: __________ Time of Incident: __________

Type of Incident Occurred: __________

Staff Member Name and Position: ________________________________

Name of Person(s)/Witness(es) Involved in the Incident:

Name/ID #/ Place of Residency: ________________________________

Name/ID #/ Place of Residency: ________________________________

Summary of Incident: (just the facts, i.e., who, what, where, when):

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