

# Incident Report Form

Date: \_\_\_\_\_ Time of Incident: \_\_\_\_\_ am/pm Time Notified: \_\_\_\_\_ am/pm

**Type of Incident**

- Theft     Alarms, please specify: \_\_\_\_\_     Power Outage     Fight     Sexual Harassment/Assault  
 Weather, please specify: \_\_\_\_\_     Bomb Threat     Active Shooter     Other: \_\_\_\_\_

**Personal Information (if applicable)**

Person's Name: \_\_\_\_\_ 92#: \_\_\_\_\_  M  F    D.O.B.: \_\_\_/\_\_\_/\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Status:  Student  Faculty  Staff  Other: \_\_\_\_\_ Person's Signature: \_\_\_\_\_

Was 911 or Campus Police Called:     YES     NO

**Location of Incident**

*Indoor Facilities*

- CRC:  Gym                      Reid:  Pool  
 Track                               1<sup>st</sup> Floor Gyms  
 Fitness Floor                       2<sup>nd</sup> Floor Gyms  
 Climbing Wall  
 Studio 1 or 2, specify: \_\_\_\_\_  
 Other: \_\_\_\_\_

*Outdoor Facilities*

- Bermuda Field  
 Camp Lab Fields  
 WCU Stadium  
 Norton Field  
 Band Practice Field  
 Other: \_\_\_\_\_

**Program Area:**

- Informal Rec  
 Intramurals  
 Clubs  
 Group X  
 Personal Training  
 Special Event  
 Other: \_\_\_\_\_

Description of Incident, Including Action Taken: \_\_\_\_\_

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

\*Continue on back if needed

Witness Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Description of Incident: \_\_\_\_\_

\_\_\_\_\_

Status:  Student  Faculty  Staff  Other: \_\_\_\_\_ Witness's Signature: \_\_\_\_\_

Staff Involved: \_\_\_\_\_

Submitted by: \_\_\_\_\_ Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

