



INCIDENT REPORT

Report #: _____

REPORTER: _____
 LAST NAME FIRST M.I. LOCATION OF DATE / TIME

CONTACT NUMBER (s): _____
 ROOM # / OTHER

PS# _____ **SU** _____ **FA** _____ **SP** _____

GW# _____ **SY** **EMP** _____

SECURITY _____ **VISITOR** _____

TYPE OF INCIDENT:

- ___ **Aggravated Assault**
- ___ **Any other crime involving bodily injury**
- ___ **Arson (Include only fires that are investigated by law enforcement and determined to be arson.)**
- ___ **Burglar**
- ___ **Destruction of Property**
- ___ **Fight**
- ___ **Type of:** _____
- ___ **Hit and Run (Person)**
- ___ **Harassment**
- ___ **Hit and Run (Vehicle)**
- ___ **Lost and Found**
- ___ **Motor Vehicle Theft**
- ___ **Missing Property**
- ___ **Negligent Manslaughter**
- ___ **Murder/Non-Negligent Manslaughter**
- ___ **Sex offenses-Forcible**
- ___ **Robbery**
- ___ **Sex offenses-Non-forcible (Include only incest and statutory rape)**
- ___ **Sexual Harassment**
- ___ **Smoking**
- ___ **Other (Specify)**
- ___ **Theft**

DESCRIPTION OF INCIDENT:

SIGNATURE

DATE

OFFICE USE:

GPD CASE#: _____

INTERVIEW: _____

**ACTION
TAKEN:**

GARY HARTZ
ASSOCIATE DEAN, TSS

DATE