

Incident Report
Department of Safety & Security

Name		Position	
		Student	Staff
School Name		LC (if applicable)	Report Date
WHEN did the incident happen? <i>Please provide a specific date and time.</i>			
WHERE did the incident happen?			
WHO was there when this happened? <i>Name everyone involved in the incident and/or everyone who witnessed the incident.</i>			
WHAT happened? <i>What did you see, hear, do, or say? Please list as many details as you can about what happened. Use the back of this sheet for additional space if needed.</i>			
HOW can we support you?			

Your Signature: _____

Safety Specialist(s) assigned to investigation:	Also reported to: