**Police Report**

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| **INFORMATION ABOUT PERSON INVOLVED IN THE INCIDENT** | | | |
| Full Name | | | |
| Home Address | | | |
| * Student | * Employee | * Visitor | * Vendor |
| Phone Numbers | Home | Cell | Work |

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| --- | --- | --- | --- | --- | --- |
| **INFORMATION ABOUT THE INCIDENT** | | | | | |
| Date of Incident | Time | | | Police Notified | * Yes  No |
| Location of Incident | | | | | |
| Description of Incident (what happened, how it happened, factors leading to the event, etc.) Be as specific as possible (attached additional sheets if necessary) | | | | | |
| Were there any witnesses to the incident?  Yes  No  If yes, attach separate sheet with names, addresses, and phone numbers. | | | | | |
| Was the individual injured? If so, describe the injury (laceration, sprain, etc.), the part of body injured, and any other information known about the resulting injury (ies). | | | | | |
| Was medical treatment provided?  Yes If yes, where was treatment provided: | | * No  Refused * on site  Urgent Care | * Emergency Room | | * Other |

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| **REPORTER INFORMATION** |
| Individual Submitting Report (print name) |
| Signature |
| Date Report Completed |

# FOR OFFICE USE ONLY

Report Received by Date \_

**FOR OFFICE USE ONLY**

Document any follow-up action taken after receipt of the incident report.

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| **Date** | **Action Taken** | **By Whom** |
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