



# College of the Siskiyous

## -Information Report -Incident Report Form



**WHAT DID YOU SEE, HEAR OR SMELL?**

<b>Name:</b>	<b>Name:</b>	<b>Name:</b>
<b>Address:</b>	<b>Address:</b>	<b>Address:</b>
<b>COS Student?: Yes      No</b>	<b>COS Student?: Yes      No</b>	<b>COS Student?: Yes      No</b>

**WHAT DID YOU SEE, HEAR OR SMELL?**

*Please be specific providing as much detail as possible. Write EXACTLY what you hear see and smell. As you write consider the Who, What, When and Where.*

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**WHERE DID IT HAPPEN?:** \_\_\_\_\_  
**DATE THAT IT HAPPENED?:** \_\_\_\_\_  
**TIME THAT IT HAPPENED?:** \_\_\_\_\_ AM / PM  
**WHO WAS IT REPORTED TO (get names whenever possible)?:**  
 Residence Hall Director: \_\_\_\_\_ Weed PD: \_\_\_\_\_ Campus Safety: \_\_\_\_\_ Other: \_\_\_\_\_

**WHO ELSE SAW IT HAPPEN?:**

<b>Name:</b>	<b>Name:</b>	<b>Name:</b>
<b>Address:</b>	<b>Address:</b>	<b>Address:</b>

**WHO ARE YOU?:**

**Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_  
**Today's Date:** \_\_\_\_\_



**\*\*UNSIGNED REPORTS ARE UNABLE TO BE PROCESSED COMPLETELY.\*\***