



College of the Siskiyous

-Information Report -Incident Report Form



WHAT DID YOU SEE, HEAR OR SMELL?

Name:	Name:	Name:
Address:	Address:	Address:
COS Student?: Yes No	COS Student?: Yes No	COS Student?: Yes No

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.

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?:

Name:	Name:	Name:
Address:	Address:	Address:

WHO ARE YOU?:

Name: _____
Address: _____
Signature: _____
Today's Date: _____



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