DEPARTMENT OF RECREATION - INCIDENT REPORT

Date: ________________  Time: ____________  Location:__________________________________________

Individual(s) Involved:

<table>
<thead>
<tr>
<th>NAME</th>
<th>EMAIL</th>
<th>SU ID</th>
<th>M/F</th>
<th>CIRCLE ONE:</th>
</tr>
</thead>
<tbody>
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<td>UG GS F/S Guest Alum Donor Retiree Camp/Conf</td>
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</tbody>
</table>

Nature of Incident: (Check all that apply)

- [ ] Injury
- [ ] Verbal/Physical Altercation
- [ ] ID Violation
- [ ] Theft
- [ ] Turnstile Violation (Turnstile #______)
- [ ] Vandalism
- [ ] Failure to Comply With Policy
- [ ] Damaged/Lost Equipment
- [ ] Other (Explain:______________________________________________)  

Description of Incident: Please use other side if needed.

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Action Taken By Department Staff:

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Additional University Personnel Involved: List name of individual(s).

____________________________________________________________________________
____________________________________________________________________________

Employee Submitting Report: ________________________________

Signature: ___________________________________________  Date: ________________

Submit this report to the Directors within 24 hours.

July 2013