



GARRETT COLLEGE INCIDENT REPORT

Date of Incident: _____

Time of Incident: _____ p.m.

Location of Incident: _____

Complainant Name :	Complainant Status: (select one)
Complainant E-mail Address:	Complainant Phone #:

Other Parties contacted/involved:

- Peer Leader Student Life Staff Member (RHM, SAM, DSL)
 Campus Security Garrett County Sheriff's Dept. Maryland State Police
 EMS / Emergency Services Other (specify): _____

Students/Individuals Involved: <i>Enter room numbers for residence hall students, address for off-campus students or guest, or office location for faculty/staff.</i>			
Name:	Address:	DOB:	Status: Student
Name:	Address:	DOB:	Status: Student
Name:	Address:	DOB:	Status: Student
Name:	Address:	DOB:	Status: Student
Name:	Address:	DOB:	Status: Student
Name:	Address:	DOB:	Status: Student
Additional Individuals/Addresses/DOBs/Statuses:			

Victims: <i>Enter room numbers for residence hall students, address for off-campus students or guest, or office location for faculty/staff.</i>			
Name:	Address:	DOB:	Status: Student
Name:	Address:	DOB:	Status: Student
Additional Victims/Addresses/DOBs/Statuses:			

Witnesses: <i>Enter room numbers for residence hall students, address for off-campus students or guest, or office location for faculty/staff.</i>			
Name:	Address:	DOB:	Status: Student
Name:	Address:	DOB:	Status: Student
Additional Witnesses/Addresses/DOBs/Statuses:			

Narrative: <i>Briefly describe, in your own words, all the details of the situation. State only the facts and the names of those involved.</i>