

WEST CHESTER UNIVERSITY

Campus Recreation

Division of Student Affairs - Incident Report Form

In event of an Incident *Public Safety 610.436.3311*

Activity: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_:\_\_\_\_ ( ) AM ( ) PM

Location On Campus: \_\_\_\_\_ Location Off Campus: \_\_\_\_\_

Name of Person: \_\_\_\_\_

WCUID #: \_\_\_\_\_ Guest: ( )

Name of Person: \_\_\_\_\_

WCUID #: \_\_\_\_\_ Guest: ( )

Name of Person: \_\_\_\_\_

WCUID #: \_\_\_\_\_ Guest: ( )

Description of Incident: specific as possible, use back if necessary: \_\_\_\_\_

Was Public Safety notified: ( ) yes ( ) no

Was individual escorted from facility: ( ) yes ( ) no

Was activity continued: ( ) yes ( ) no

Campus Rec Staff completing form: \_\_\_\_\_ / \_\_\_\_\_  
PRINT NAME POSITION HELD