



# College of the Siskiyous

## -Information Report -Incident Report Form



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

Name:	Name:	Name:
Address:	Address:	Address:
COS Student?:	COS Student?:	COS Student?:

### 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?:

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

WHO ARE YOU?:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Today's Date: \_\_\_\_\_



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