College of the Siskiyous

Information Report - Incident Report Form

Name:	COS Student: O Yes O No
Address:	
Name:	
Address:	
Name:	
Address:	
What did you see, hear or smell? Please be specific providing as much detail as possible. Writ consider the who, what, when, and where.	e exactly what you hear, see, and smell. As you write
Where did it happen?	
Date that it happened?	
Time that it happened?	_O am O pm
Who was it reported to (get names whenever possible)?	
Residence Hall Director:	_Weed PD:
Campus Safety:	Other:
Who else saw it happen?	
Name:	
Address:	
Name:	
Address:	
Name:	
Address:	
Who Are You?	
Name:	
Address:	Todoulo Doto

Please submit the completed form to the Student Services office in person or email it to studentservices@siskiyous.edu