



CAMPUS RECREATION

CLUB SPORTS INCIDENT REPORT

Date of Report: _____ Date of Incident: _____ Time of Incident: _____

DETAILS OF INCIDENT

Reporter Information

Person Filing Report: _____ Phone #: _____

Local Address: _____ Email: _____

Incident Details

Sport/Club: _____ Location: _____

Were Police Called? Yes No

Type of Incident (Check all that apply)

Vehicle Related Activity Related Travel Related Patron Related

Practice/Competition

Description of Incident (What was happening, who saw it? Use factual details, no subjective accounts):

PERSON(S) INVOLVED

Person #1

Name: _____ Phone #: _____

Email: _____ Student ID: _____

Person #2

Name: _____ Phone #: _____

Email: _____ Student ID: _____

Person #3

Name: _____ Phone #: _____

Email: _____ Student ID: _____

WITNESS:

Name: _____ Phone #: _____

Email: _____ Student ID: _____

This report must be filed with the appropriate staff member immediately following the incident!

FOR OFFICE USE:

Name: _____ Date: _____ Initials: _____

Administrative Follow-Up:
