

**WRIGHT STATE UNIVERSITY
Incident Report**

Office of Judicial Affairs
E022 Student Union
Dayton, OH 45435-0001
(937) 775-4240

Incident date: _____ Time: _____ Location _____

Individual(s) being documented:

| <u>Name</u> | <u>Address</u> | <u>UID</u> |
|-------------|----------------|------------|
| (1) _____ | _____ | UID: _____ |
| (2) _____ | _____ | UID: _____ |
| (3) _____ | _____ | UID: _____ |
| (4) _____ | _____ | UID: _____ |
| (5) _____ | _____ | UID: _____ |

Please provide an objective and detailed account of the incident (if additional space is needed, use incident report addendum)

I give my consent to have my name released as the author of the above report and understand that no judicial action can be taken if I do not include my name and signature below.

Witnesses:

| <u>Name</u> | <u>Address</u> | <u>Phone #</u> |
|-------------|----------------|----------------|
| (1) _____ | _____ | _____ |
| (2) _____ | _____ | _____ |

Report filed by:

| <u>Name</u> | <u>Address</u> | <u>Phone #</u> |
|-------------|----------------|----------------|
| (1) _____ | _____ | _____ |

Signature **Date**

Distribution: 1 Copy - Student 1 Copy – Office of Judicial Services