GORDON STATE COLLEGE INCIDENT REPORT

OFFICE OF RESIDENCE LIFE

DATE: _____ TIME: _____AM/PM

INDIVIDUAL (S) INVOLVED: WITNESS (ES):

_____ _____

_____ _____

SPECIFIC LOCATION/ROOM NO.:_____

NATURE OF INCIDENT/VIOLATION: _____

DETAILS OF INCIDENT (S) /VIOLATION (S): (PLEASE BE COMPLETE AND FACTUAL INCLUDING SPECIFIC NAMES AND WITNESSES INVOLVED IF APPLICABLE.)

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STAFF MEMBER SIGNATURE DATE

COPIES AS APPROPRIATE TO:

VICE PRESIDENT FOR STUDENT AFFAIRS
DIRECTOR OF PUBLIC SAFETY
DIRECTOR OF RESIDENCE LIFE
RESIDENT DIRECTOR

R 8/2014