WRITTEN STATEMENT
Incident Report

Each incident, illness, accident, or injury must be reported no matter how minor. Submit the completed incident report to campus security as soon as possible.

Incident Report Number _____ Date of incident_____

Person Writing Statement _____

Address / Phone Numbers _____

Location where incident occurred _____

I am: CSN student ____ CSN employee ____ Visitor to CSN campus ____ Other, explain_____

I am: Victim of Incident _____ Witness of Incident _____ Involved in Incident_____

STATEMENT REGARDING INCIDENT. Please provide details.

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Signature of Person Writing Statement_____Date _____

Signature of Officer _____Date _____