



HEALTH & WELLNESS CENTER INCIDENT REPORT FORM

DAY/DATE: _____ **Time:** _____ am/pm

REPORT SUBMITTED BY (employee name): _____

Location of Incident:

- FieldHouse Gym Racq Cts Hallway WR FC
 Swimming Pool Dance Studio Mezzanine Locker Rm
 Outside Facility _____ Restroom _____
 Other _____

Details (please be specific):

Nature of Incident:

- Altercation/Fight Theft Lost/Found Vandalism Trespassing
 Policy Violation Schedule Conflict Hazard Verbal Threat
 Other _____

Details (please be specific):

Activity:

- Academic Class Open Recreation Intramurals/Club Sport Athletic Event
 Other _____

DETAILED DESCRIPTION of the Incident (please include name(s), physical descriptions, events, conditions, or any other details in the incident. If possible, please obtain UWS ID #'s or other forms of ID of person(s) involved):

Campus Safety Contacted? Yes No Arrival Time: _____

City of Superior Police Contacted: Yes No Arrival Time: _____

Follow Up Action Taken:

WITNESS(ES):

Name: _____ Phone: _____

Name: _____ Phone: _____

Follow Up Comments: (completed by Campus Safety, Campus Recreation Director, or other)