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)