

Incident Reporting Form

Today's Date: _____

Your name: _____

Your address: _____

City State Zip

Email address: _____

Telephone number: _____

How do you prefer to receive correspondence? Home Address: Email: Telephone:

Your status: Student: UW-Superior Employee: Community Member:

Person(s) against whom complaint is being made:

The specific details of the complaint, including dates and locations:

If additional space is needed please attach information to this form.

Has anyone else been notified of this incident? If so, who and when:

Are there any other witnesses to the incident(s)? If so, who? Please provide contact information.

Signature: _____ Date: _____

(For University of Wisconsin-Superior Authorized official only)

Reviewed by: _____

Recommended for University action: Need more information: No Action Recommended: