

WITNESS 1		
_____ <i>Printed Name</i>	_____ <i>Address</i>	_____ <i>Phone</i>
_____ <i>Signature</i>	_____ <i>ID #:</i>	_____ <i>Email</i>
<i>Relation to Patron:</i> <input type="checkbox"/> Friend <input type="checkbox"/> Roommate <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Family Member _____ <input type="checkbox"/> No previous relation <input type="checkbox"/> Other: _____		<i>Campus Recreation staff:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Former staff
<i>Account of What Happened:</i> _____ _____ _____ _____		

WITNESS 2		
_____ <i>Printed Name</i>	_____ <i>Address</i>	_____ <i>Phone</i>
_____ <i>Signature</i>	_____ <i>ID #:</i>	_____ <i>Email</i>
<i>Relation to Patron:</i> <input type="checkbox"/> Friend <input type="checkbox"/> Roommate <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Family Member _____ <input type="checkbox"/> No previous relation <input type="checkbox"/> Other: _____		<i>Campus Recreation staff:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Former staff
<i>Account of What Happened:</i> _____ _____ _____ _____		

Staff Involved: _____ **Position Title:** _____ **Date:** _____
Staff Involved: _____ **Position Title:** _____ **Date:** _____
Staff Completing Report: _____ **Position Title:** _____ **Date:** _____
Phone: _____ **Email Address:** _____

FOLLOW UP INFORMATION
Conducted by: _____ Position Title: _____ Date: _____ <input type="checkbox"/> Video Review of Incident <input type="checkbox"/> Mailed Letter of Notification <input type="checkbox"/> Recorded in Membership Notes

Follow-Up Comments: _____

Further Action Taken: _____

DIRECTOR: _____	DATE: _____
------------------------	--------------------

ASSOCIATE DIRECTOR OF FACILITIES: _____	DATE: _____
--	--------------------