

Date Received (Safety Staff)

Date of Incident ____/____/____ Time of Incident ____:____ am / pm

NATURE OF INCIDENT

TYPE:	<input type="checkbox"/> Conduct Violation	<input type="checkbox"/> Lost/Misplaced Item	<input type="checkbox"/> Blood/OPIM
	<input type="checkbox"/> Security/Safety	<input type="checkbox"/> Equipment/Facility	<input type="checkbox"/> Other _____

DETAIL:

<input type="checkbox"/> Confiscated ID	<input type="checkbox"/> Drugs/Alcohol/Intoxication
<input type="checkbox"/> Ejection	<input type="checkbox"/> Fight/Physical Confrontation
<input type="checkbox"/> Financial/Cash Discrepancy	<input type="checkbox"/> Footwear
<input type="checkbox"/> Graffiti/Vandalism	<input type="checkbox"/> Lock on Day Use Locker
<input type="checkbox"/> Inconsistent with reservation (no show, wrong location, wrong day/time)	
<input type="checkbox"/> Refusal to Abide by Camp / Activity values/guidelines	
<input type="checkbox"/> Verbal Altercation	<input type="checkbox"/> Unsecured Door/Area
<input type="checkbox"/> Vomit/Blood/Fecal Matter Clean-up	
<input type="checkbox"/> Other _____	

[illegible]**NOTIFICATION/ASSISTANCE WITH RESOLUTION: (Check all that apply)**

☐ BM contacted ☐ Campus Rec Administrative Staff ☐ Public Safety ☐ State/Local Police

☐ Other

DETAILS OF INCIDENT

INCIDENT LOCATION: (Check facility and write specific name of area)

FACILITY: ☐ GRWC (Gallogly Recreation & Wellness Center) ☐ Alpine Field ☐ Trails
☐ Mountain Lion Stadium
☐ Other _____

EXACT LOCATION OF INCIDENT: (Detailed location/room) _____

PROGRAM & ACTIVITY DURING WHICH INCIDENT OCCURRED:

(Check appropriate program and write specific name of activity)

Program: ☐ Drop in Rec ☐ SOLE ☐ Rec Program/Class ☐ IM ☐ Rental ☐ Special Event
☐ Club Sport ☐ Rec Kids ☐ Other _____

Activity: (if applicable) _____

Rec Equipment Involved/Damaged? ☐ No ☐ Yes Description/Name/Room _____ ID number _____

WITNESSES

Name of Witness _____ Phone: _____

Address: _____

Name of Witness _____ Phone: _____

Address: _____

ADDITIONAL NOTES (as needed)

EMPLOYEE SIGNATURES Form must be completed and turned into camp operator within 24 hours of incident.

Form Completed By

Signature _____ Print Name: _____ Date ____/____/____

CAMP OPERATOR FOLLOW-UP

Date Reviewed: ____/____/____ Initial: _____

Notes: _____
