



# LCOOU INCIDENT REPORT

**Name:**

**Date of Incident:**

**Type of Incident**

1. Theft
2. Injury
3. Other (Describe)

**Location (Room #, Office #, etc.)**

**Describe to the best of your ability, what has occurred. Be as descriptive and precise as you can be. Please include an additional page if more space is needed.**

**Date the County/Tribal Police were notified:**

**Attachments:**

Witness statements  Photos  Sketch of incident  Copy of the police report

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**Provide the completed form and all attachments to Dean of Students for student issues and the Human Resources Office for employee and visitor issues.**