COMPLAINT / INCIDENT REPORT

DATE OF COMPLAINT: _____

DATE OF INCIDENT: _____

TIME OF INCIDENT: _____

LOCATION OF INCIDENT: _____

COMPLAINT AGAINST: _____ SLIP#: _____

DID YOU CALL SECURITY (CHANNEL 9) OR POLICE? CHANNEL 9 POLICE NEITHER

DID YOU ATTEMPT TO ALLEVIATE THE SITUTION? – HOW? YES NO

_____

_____

_____

WITNESSES OF EVENT:

WITNESS 1:_____ SLIP# _____

WITNESS 2:_____ SLIP# _____

WITNESS 3:_____ SLIP# _____

DESCRIBE INCIDENT: _____

_____

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COMPLAINT/INCIDENT SUBMITTED BY: _____

COMPLAINT/INCIDENT EXCEPTED BY: _____