Disability Services Center and ADA Compliance
Incident Report

NAME OF INVOLVED PERSON (S) _____

CONTACT INFORMATION _____

DATE & TIME OF INCIDENT _____

LOCATION _____

WAS ILLNESS OR INJURY INVOLVED (if yes, describe below)? _____

DESCRIPTION OF INCIDENT (Please include name of individuals involved, nature of the incident, names and contact information of witnesses, and narrative of what occurred)

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Signature: _____ **Date:** _____