



No. \_\_\_\_\_

**INCIDENT/WITNESS REPORT**

Full Name Person Involved: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Name \_\_\_\_\_ Incident Name \_\_\_\_\_

Stu ID # \_\_\_\_\_  Faculty  Staff  Visitor  Other; Specify \_\_\_\_\_

Campus:  Hialeah  South  Training Center  Other \_\_\_\_\_

Incident Location: \_\_\_\_\_ Room # \_\_\_\_\_ Time: \_\_\_\_\_

Female  Male Last 4 digits of SS#: \_\_\_\_\_

Describe in detail Incident or what you Witnessed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Witness (es): (Write N/A if no witnesses)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Notes:

\_\_\_\_\_  
\_\_\_\_\_

Signature Person Involved/Witness: \_\_\_\_\_

\_\_\_\_\_

Were authorities notified  Yes  No  N/A Officer's Name: \_\_\_\_\_

Police Case # \_\_\_\_\_  Emergency Response / 911 Case # \_\_\_\_\_

Noted in Campus Vue Report prepared by: \_\_\_\_\_

Job Title: \_\_\_\_\_ Signature: \_\_\_\_\_