



**GREAT BAY COMMUNITY COLLEGE  
Incident Report**

1. Name of person reporting incident:  
Last name: \_\_\_\_\_ First Name: \_\_\_\_\_
  
2. Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
  
3. Telephone number: \_\_\_\_\_
  
4. Date of incident:  
Date: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_
  
5. Time of incident: \_\_\_\_\_
  
6. Location of incident: \_\_\_\_\_
  
7. People involved:  
Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_
  
8. Witnesses:  
Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_
  
9. Description of incident (use other side if more space is needed): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
10. Assessment of injury if any: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
11. Intervention: None Required \_\_\_\_\_ At Facility: \_\_\_\_\_
  
12. Referred to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Cc: Academic Affairs  
Student Affairs