

Florida Atlantic University
Department of Campus Recreation
Off Campus Incident Report Form

Incident Information

Date: _____

Time: _____

Involved Member Personal Data

Name: _____ Club Name #: _____

Z # _____ Local Phone: _____

E-mail Address: _____

Local Address: _____

Gender: ☐ Male ☐ Female Age: _____ D.O.B. _____

Status: ☐ Student ☐ Faculty/Staff ☐ Member ☐ Coach ☐ Other _____

Involved Member Personal Data

Name: _____ Club Name #: _____

Z # _____ Local Phone: _____

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Status: ☐ Student ☐ Faculty/Staff ☐ Member ☐ Coach ☐ Other _____

Location

Facility Name: _____ City: _____ State: _____

Nature of Occurrence (check all that apply)

- | | | | | |
|---|---|---|--|--------------------------------------|
| <input type="checkbox"/> Illegal Entry (ID Related) | <input type="checkbox"/> Ignored Staff Request | <input type="checkbox"/> Policy/Rule Infraction | <input type="checkbox"/> Fight/Altercation | <input type="checkbox"/> Theft |
| <input type="checkbox"/> Damaged/Lost Equipment | <input type="checkbox"/> Inappropriate Clothing | <input type="checkbox"/> Complaint | <input type="checkbox"/> Physical Threats | <input type="checkbox"/> Vandalism |
| <input type="checkbox"/> Equipment Failure | <input type="checkbox"/> Unacceptable Behavior | <input type="checkbox"/> Policy Exception | <input type="checkbox"/> Verbal Threats | <input type="checkbox"/> Other _____ |

Police contacted: ☐ Yes ☐ No

Detailed Description of Incident:

Action taken:

Report Filer's Information

I have read & completed this report thoroughly and all the information herein is correct to the best of my knowledge.

Name: _____

Position: _____

Signature: _____

Date: _____