In event of an Incident Public Safety 610.436.3311

Activity: ___________________________ Date: __/__/____ Time: __:__ (__) AM (__) PM

Location On Campus: ___________________________ Location Off Campus: ___________________________

Name of Person: ___________________________

WCUID #: ___________ Guest: (__) 

Name of Person: ___________________________

WCUID #: ___________ Guest: (__) 

Name of Person: ___________________________

WCUID #: ___________ Guest: (__) 

Description of Incident: Specific as possible, use back if necessary:

________________________________________

________________________________________

________________________________________

________________________________________

Was Public Safety notified: (__) yes (__) no

Was individual escorted from facility: (__) yes (__) no

Was activity continued: (__) yes (__) no

Campus Rec Staff completing form: ___________________________ /

PRINT NAME ___________________________ POSITION HELD ___________________________