

**RHODE ISLAND COLLEGE OFFICE OF RESIDENTIAL LIFE AND HOUSING
INCIDENT REPORT FORM**

Date of Incident _____ Time of Incident _____ Location of Incident _____
Name of Person Submitting Report _____ Date of Report _____
Page ____ of ____ (Please use "Supplemental Page Form" if necessary)

Name of Involved Individuals

Campus Address

- 1.
- 2.
- 3.
- 4.
- 5.

Please describe the incident. Factually state what took place. Please do not editorialize. Print neatly.

Was Campus Police called? ___ Yes ___ No

Hall Director on Duty _____

Short Form/Letter sent _____

Meeting Scheduled _____

Additional Comments: _____