



Incident Report

University Village, Cal Poly Pomona Foundation

PLEASE TYPE OR PRINT CLEARLY IF MORE STUDENTS ARE INVOLVED THAN LINES AVAILABLE. NOTE IN TEXT SPACE.

Student(s) Involved	Phone #	Building/Apt.	CPP I.D. #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Witness(es)/Victim(s)	Phone #	Building/Apt.	CPP I.D.#
_____	_____	_____	_____

Incident Location: _____ Date: _____ Time: _____

Submitted by: _____ Phone Number: _____

Signature of writer: _____ Today's Date: _____

Incident Description/Additional Names (Continue on back)

(For office use only)

- _____ Documentation only
- _____ Judicial Meeting
- _____ Handled by CA letter
- _____ University Conduct Officer referral
- _____ Follow Up Letter
- _____ Other

IR Number: _____ Date received: _____

Policy infraction(s): _____

Notes: