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|---------------------------------|---------------------|
| Student Conduct Office Use Only | |
| Incident #: | File |
| No Follow-Up Needed | Follow-Up Completed |

INFORMATION & INCIDENT REPORT

Office of Student Rights and Responsibilities - OSRR

Kolligian Library, Suite 113

INCIDENT INFORMATION

| | | | | | | | | | | |
|-------------------|----|----|-----------------------|---|---|---|----|---|---|----|
| DATE OF INCIDENT: | | | LOCATION OF INCIDENT: | | | | | | | |
| TIME OF INCIDENT: | AM | PM | DAY OF WEEK: | M | T | W | TH | F | S | SU |

Is this a Clery incident? Yes. No Not Sure Type of Incident: _____

PERSON(S)/ORGANIZATION(S) INVOLVED IF KNOWN

| | | | |
|---|---------------------|--------------|-----------------|
| 1 | NAME: | | |
| | EMAIL: | | |
| | LOCAL PHONE NUMBER: | STUDENT ID#: | CLASS STANDING: |
| 2 | NAME: | | |
| | EMAIL: | | |
| | LOCAL PHONE NUMBER: | STUDENT ID#: | CLASS STANDING: |
| 3 | NAME: | | |
| | EMAIL: | | |
| | LOCAL PHONE NUMBER: | STUDENT ID#: | CLASS STANDING: |
| 4 | NAME: | | |
| | EMAIL: | | |
| | LOCAL PHONE NUMBER: | STUDENT ID#: | CLASS STANDING: |
| 5 | NAME: | | |
| | EMAIL: | | |
| | LOCAL PHONE NUMBER: | STUDENT ID#: | CLASS STANDING: |

PERSON(S) AND/OR AGENCIES NOTIFIED

| | | | |
|--|----------------------------|--|----------------------|
| | Housing Staff: | | Counseling Services: |
| | Fire Department/Ambulance: | | Hospital: |
| | UC Merced Police: | | CARE Office: |
| | Campus Advocate: | | Title IX: |
| | Dean of Students: | | Other: |

DISCUSSION DETAILS

Please describe incident and/or violation in DETAIL. List all facts objectively and be specific with details. Feel free to use the back of this form if you need more space.

Signature: _____ Date: _____

| | |
|---------------------------|--------|
| PRINTED NAME: | TITLE: |
| LOCAL ADDRESS/DEPARTMENT: | |
| EMAIL: | |
| PHONE NUMBER: | |