SHEPHERD UNIVERSITY RESIDENCE LIFE
INFORMATION REPORT

_____ _____

Hall, Wing, Room Number **Date and Time of Incident**

Name of Person(s) Directly Involved: (Include Address, Phone #, Shepherd ID, Date of Birth) **Student?**

_____ ☐ Y N

_____ ☐ Y N

_____ ☐ Y N

_____ ☐ Y N

_____ ☐ Y N

_____ ☐ Y N

Witness(es): (Include Name, Address, Phone #)

_____

_____

_____

Description of Incident: (Statement of the facts, be objective and include names, places, times, and alleged violations completely. Be observant. If more space is needed use the continuation form. Please write legibly.)

Was Pro-Staff Called?: Y ☐ N ☐ **Who?:** _____ **Time:** _____ am ☐ pm ☐

Report Made By: (please print) _____

Signature/Date: _____ **Page(s):** 1 of _____

Reviewed 06/09

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INFORMATION REPORT – CONTINUATION FORM (Page ___ of ___)

Description of Incident (con't): (Statement of the facts, be objective and include names, places, times, and alleged violations completely. Be observant. If more space is needed use the continuation form. Please write legibly.)