



Incident Report Form

FOR OFFICIAL USE ONLY
Date Received: _____
Referred to: _____

Complainant:

Name: _____

Gothic ID: _____

Address: _____ **City:** _____ **State:** _____

Telephone#: _____

- Name(s) of accused party:**
1. _____
 2. _____
 3. _____

Date of Incident: _____ **Time of Incident:** _____ **Location of Incident:** _____

Name(s) of Witness(es)

- | | |
|----------|--------------------------|
| 1. _____ | Telephone#: _____ |
| 2. _____ | Telephone#: _____ |
| 3. _____ | Telephone#: _____ |

On the reverse side of the form, please describe the incident exactly as it occurred. Include all information that may be relevant. You may use additional paper, if necessary.

Signature of Complainant

Date

Please be advised that all participants are expected to refrain from public disclosure of reports. The information reported in this incident report may be shared with the accused party and/or other university officials, relevant to the case. The accused party has a right to respond to the charges and both parties have a right to a formal or informal hearing.

If you have any questions regarding this form of the judicial process, please contact our office.

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