CALIFORNIA INSTITUTE OF INTEGRAL STUDIES
INCIDENT REPORT FORM

INSTRUCTIONS: Complete, sign and return this form to any receptionist at 1453 Mission or leave a copy in the 4th floor drop and/or scan/email to: safety@ciis.edu

INCIDENT DATE ______________________________ TIME _______________________

INCIDENT LOCATION _______________________________________________________

INDIVIDUALS INVOLVED

NAME ___________________________ CONTACT INFO _________________________
NAME ___________________________ CONTACT INFO _________________________
NAME ___________________________ CONTACT INFO _________________________
NAME ___________________________ CONTACT INFO _________________________

WITNESSES INVOLVED

NAME ___________________________ CONTACT INFO _________________________
NAME ___________________________ CONTACT INFO _________________________
NAME ___________________________ CONTACT INFO _________________________
NAME ___________________________ CONTACT INFO _________________________

SPECIFY TYPE OF INCIDENT

☐ Assault ☐ Discrimination ☐ Harassment

☐ Property Damage ☐ Property Loss ☐ Sexual Misconduct

☐ Other (describe): _______________________________________________________

CONTACT INFORMATION AND CERTIFICATION

NAME ___________________________ TELEPHONE ___________________________

With my signature I hereby certify that my description of this incident as submitted is true, accurate and complete. I agree to cooperate with CIIS if additional information is needed or if further investigation is required.

SIGNED ___________________________ DATE ___________________________
<table>
<thead>
<tr>
<th>NAME</th>
<th>TELEPHONE</th>
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**INSTRUCTIONS:** In the space below, please describe in detail the incident you wish to report. Be specific about persons involved and their actions. Use as many copies of this form as you need and sign, date and number each page. Return each page with your “Incident Report Form”

**STATEMENT:**

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<th>Signed</th>
<th>Date</th>
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