INCIDENT #				necessary at this time
\$	ENT CONDUCT & A	rsity of California, Riv ACADEMIC I (SCAIP) N & INCIDENT REF	verside NTEGRITY	
Date of Incident:       Day (indicate one):       M / T / W / T / K / Sat / Sun         Time:       AM / PM       Location of Incident (be specific) :         Person(s) involved excluding self – Please provide as much info as you have about other person(s):				
	•	-		-
NAME	STUDENT / NON STUDENT Student / Non Student	ADDRESS	PHONE           (         )         -	EMAIL
	Student /		( ) -	
	Student /		( ) -	
	Student /		( ) -	
	Student /		( ) -	
	Student /		( ) -	
Person(s) /       UCR Professional Staff:         Agencies       UCR Police/UNET = Contact Officer(s): Case #         Notified:       Other Police/Sheriff Dept = Contact Officer(s): Case #         Counseling Center = Contact Name(s): Phone:         Hospital:         Other:				
Signature: Print Name:	Date:			
Local Phone: () - Local Mailing Address:				
Student ID# :	Email:	То	day's Date:	<u> </u>

## Describe Incident:

PLEASE PRINT LEGIBLY or TYPE ONLY. ---- USE BACK IF NECESSARY or ATTACH ADDITIONAL PAGES AS NECESSARY

Please describe incident or violation in DETAIL. List all facts objectively. Be specific with details (ie: what you said and other people's responses, etc.) Please attach any additional documentation which may also support this report. Examples include, but are not limited to: correspondence, emails, actual police reports, photographs, receipts, medical records/statements, signed witness statements, etc. (be sure to keep copies for your records as ٠ well)