



WILFRID LAURIER UNIVERSITY STADIUM INCIDENT REPORT



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|------------|--|--|--|
| | Date: _____ | Time: _____ am/pm | Facility/Program Area: _____ |
| PATRON | Name: _____ ID#: _____ | | Age: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female |
| | Address/Residence: _____ | | Telephone # _____ |
| | <input type="checkbox"/> Student <input type="checkbox"/> Staff <input type="checkbox"/> Faculty <input type="checkbox"/> Alumni <input type="checkbox"/> Community <input type="checkbox"/> Rental User | | |
| TYPE | Type of Incident: <input type="checkbox"/> Safety Hazard <input type="checkbox"/> Equipment Problem <input type="checkbox"/> Program Disruption <input type="checkbox"/> Vandalism <input type="checkbox"/> Theft or Lost Item <input type="checkbox"/> Other: _____ | | |
| LOCATION | Description of the Specific Location: _____ _____ _____ | | |
| INCIDENT | Description of Incident: _____ _____ _____ | | |
| | Witness: _____ | | Phone # _____ |
| ACTION | Action Taken: _____ _____ <input type="checkbox"/> Contacted Security – Time: _____ am/pm ID #: _____ | | |
| NEXT STEPS | Follow-up Requested and Suggestions for Future Prevention: _____ _____ _____ | | |
| STAFF | Submitted by: _____ Signature: _____ Date: _____ | Additional Comments: <input type="checkbox"/> On back of sheet <input type="checkbox"/> None | |
| | Supervisor Receiving Report: _____ | | Date: _____ |
| | Follow Up Done: _____ | | Date: _____ |