SAINT MARY'S UNIVERSITY SINCE 1802
One University. One World. Yours.
Residence Department

Incident Report

Date of incident: _____ (MM/DD/YY) **Time of incident:** _____ (HH:MM am/pm) **Location of incident:** _____

Person(s) Involved (including witnesses)

First Name	Last Name	Involvement	Student Number	Room #/ Address

Detailed Description of Events: Facts only. Please Print.

*This statement will be reviewed by a Residence Department Administrator, and as a result, the University may take action at its discretion. It may be provided to the Halifax Regional Police upon their request; the respondent has the opportunity to read this report upon a student diciplinary hearing.

Submitted Incident Reports become the property of Saint Mary's University and will not be returned. Copies of the original will not be provided.

Submited by:** _____

**I have read and agree to the disclaimer above.

Date submitted: _____ (MM/DD/YY)

Signature: _____

☐ **No action requested** ☐ **Follow-up requested**

Specify:

DEPARTMENT (Staff) USE

Date received: _____ (MM/DD/YY)

Received by: _____

StarCom entry by:

Date entered: (MM/DD/YY)

StarCom Incident #: