UALR Dean of Students

Incident Report

PLEASE PRINT CLEARLY OR TYPE

Date of Report_____ _____ Date of Incident_____

Name of Person Reporting Incident _____Telephone _____

❑ Faculty ❑ Staff ❑ Student ❑ Off-Campus Person

Location_____ _____

Name of student(s) / group(s) accused_____

Witness (s) _____

Description of incident (use back of sheet or additional sheets if needed):

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[Revision Date - 11/07]