

GOLDEN GATE UNIVERSITY

Incident Report

Time and Date of Incident

Location of Incident

Reporting Party:

Name:

GGU Affiliation

(e.g. student/faculty/staff/community)

Email:

Phone:

Person(s) Allegedly Involved:

Name

- 1.
- 2.
- 3.

Description of Events: Please summarize what happened and any related facts or circumstances