

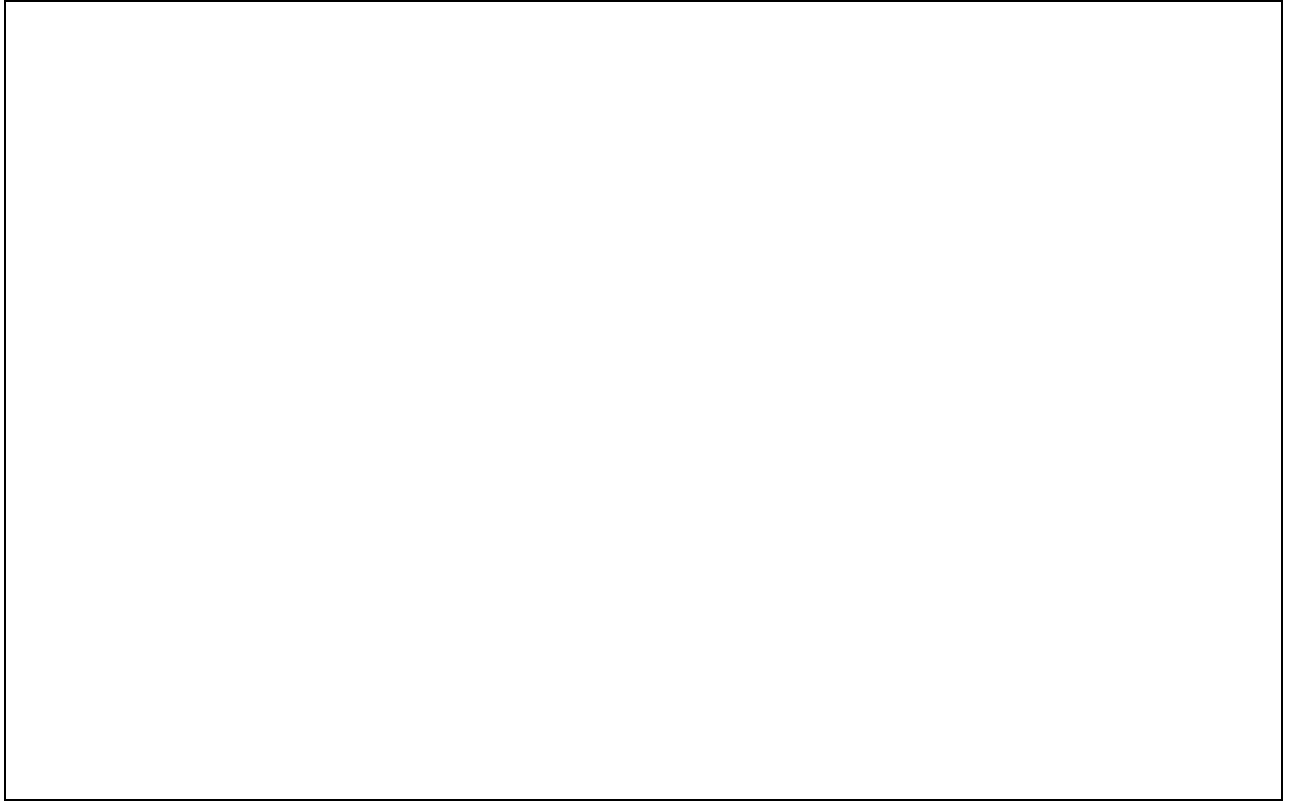


WTC INCIDENT REPORT FORM

Today's Date:		Date of incident:	
Employee Name:			
Nature of Incident:			
Date, time and name of the person the incident was reported to:			
Any property damage? If yes, please describe:			
Any weapons involved? If yes, please describe?			
Names of involved parties:			
Location of incident:			
Was 911 Called?		Was 911 refused? If yes, by whom?	
Comments of what transpired?			
Action taken:			
Witness(es):	Name:	Address:	Phone:
Signatures:	Employee	Supervisor/ Director	Campus Director
	Date:	Date:	Date:

FOR ADDITIONAL COMMENTS, USE REVERSE SIDE

Additional Comments:

A large, empty rectangular box with a thin black border, intended for providing additional comments. The box is currently blank.