

# Florida Gateway College Granger Hall Incident Report

| Names, ID, Rooms of Students Involved: |  |  |  | Names, ID, Rooms of Witnesses: |  |  |  |
|----------------------------------------|--|--|--|--------------------------------|--|--|--|
| 1.                                     |  |  |  | 1.                             |  |  |  |
| 2.                                     |  |  |  | 2.                             |  |  |  |
| 3.                                     |  |  |  | 3.                             |  |  |  |
| 4.                                     |  |  |  | 4.                             |  |  |  |
| 5.                                     |  |  |  | 5.                             |  |  |  |
| 6.                                     |  |  |  | 6.                             |  |  |  |

|                                   |  |                          |  |
|-----------------------------------|--|--------------------------|--|
| <b>Incident Location:</b>         |  | <b>Reported By:</b>      |  |
| <b>Incident Date:</b>             |  | <b>Campus Address:</b>   |  |
| <b>Incident Time:</b>             |  | <b>Campus Extension:</b> |  |
| <b>Nature of Incident</b>         |  | <b>Staff Title:</b>      |  |
| <b>Specific Policy Violation:</b> |  |                          |  |
|                                   |  |                          |  |

|                                                                                  |  |
|----------------------------------------------------------------------------------|--|
| <b>Professional Staff Involved:</b>                                              |  |
| <i>Administrator:</i>                                                            |  |
| <i>Safety:</i>                                                                   |  |
| <i>Residential Life:</i>                                                         |  |
| <i>Health/Counseling:</i>                                                        |  |
| <b>Details of the Incident (should be unbiased, factual, and comprehensive):</b> |  |
| <b>Actions Taken:</b>                                                            |  |

|                                 |  |
|---------------------------------|--|
| <b>Name of Staff Reporting:</b> |  |
| <b>Date Reported:</b>           |  |
| <b>Signature of Staff:</b>      |  |

Incident Reports should be emailed to Director Amy Dekle([amy.dekle@fgc.edu](mailto:amy.dekle@fgc.edu)) and the Residence Life Supervisor ([rylie.oquinn@fgc.edu](mailto:rylie.oquinn@fgc.edu)) no later than 9am the following business day.

\*If you are reporting a sexual assault, sexual misconduct, or harassment email this form to Executive Director Cassandra Buckles ([cassandra.buckles@fgc.edu](mailto:cassandra.buckles@fgc.edu)) only\*