



CONCORDIA UNIVERSITY
SCHOOL OF LAW

INCIDENT REPORT FORM

Name(s) of Student(s) Involved:	G Number(s): [Completed by Student Affairs]
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Incident Description (include dates; attach addendum as needed)

Reporting Party Name [Printed]: _____

Reporting Party Signature _____ Date _____

Action Taken (include dates; attach addendum as needed)

Asst. Dean of Student Affairs Signature _____ Date _____

► **Asst. Dean of Career Services and Student Affairs** ► **Student Records**
Asst. Dean of Career Services and Student Affairs
 Copy of Form to student
 Investigation & Resolution Process
Student Records
 Filed & recorded in Student File