



GRAMBLING STATE UNIVERSITY

Division of Student Affairs
Office of Student Judicial Affairs

GSU Box 4309

Grambling, LA. 71245

Telephone: (318) 274-6149/Fax: (318) 274-3297

Office Use Only

Date Rec'd

Housing Report ☐

On-Campus Complaint ☐

Off-Campus Complaint ☐

INCIDENT REPORT

Name of Individual Submitting Report:

Title (if any): Office/College/Dept:

Home/Office Phone Number: Cell phone Number:

Address: City/State/Zip:

Incident Date: Time: Location:

Name(s) of individual, student(s) or student organization(s) involved in alleged violation	Name(s) of individual, student(s) or student organization(s) involved in alleged violation	Name(s) of individual, student(s) or student organization(s) involved in alleged violation
<input type="text"/>	<input type="text"/>	<input type="text"/>
Student ID #	Student ID #	Student ID #
<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone/Cell Number	Telephone/Cell Number	Telephone/Cell Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Campus Address	Campus Address	Campus Address
<input type="text"/>	<input type="text"/>	<input type="text"/>

Name(s) of witness(es)	Name(s) of witness(es)	Name(s) of witness(es)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Student ID #	Student ID #	Student ID #
<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone/Cell Number	Telephone/Cell Number	Telephone/Cell Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Please indicate status of witness: <u>Select...</u>	Please indicate status of witness: <u>Select...</u>	Please indicate status of witness: <u>Select...</u>

Summary of Incident

Description of Incident (include only factual information- who, what, when, where, how, etc.):

Submitted by:

Print Name

Signature

Date: