



INSTITUTE OF TECHNOLOGY

# Report of Incident / Violation

## OSU Institute of Technology

1801 E 4<sup>th</sup> St  
Okmulgee, OK 74447

(918) 293-4939  
Fax: (918) 293-4713

DATE OF INCIDENT \_\_\_\_\_

TIME OF INCIDENT \_\_\_\_\_

### Persons Involved

NAME	ID NUMBER	RESIDENCE	PHONE #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### Location of Incident/Violation *(Building/Room Number, Parking Lot, Street, etc.)*

### Type of Incident/Violation *(check appropriate descriptions)*

- |   |  |
|---|--|
| <input type="checkbox"/> Excessive Noise/Music      | <input type="checkbox"/> Violation of Visitation Policy        |
| <input type="checkbox"/> Alcohol/Drug Related       | <input type="checkbox"/> Damage/Malicious Mischief to Property |
| <input type="checkbox"/> Theft of State Property    | <input type="checkbox"/> Assault/Fighting/Threats              |
| <input type="checkbox"/> Theft of Personal Property | <input type="checkbox"/> Other _____                           |

### Witness/Person Making Complaint

NAME	ID NUMBER	RESIDENCE	PHONE #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### Description/Remarks *(use reverse side if needed)*

Signature of Person Making Report \_\_\_\_\_ Date \_\_\_\_\_