



HALLMARK UNIVERSITY CRIME/INCIDENT REPORT

DATE OF INCIDENT: _____ TIME OF INCIDENT: _____

BRIEF DESCRIPTION OF INCIDENT:

DATE AND TIME OF COMPLETION OF THIS REPORT: _____

NAME OF PERSON RECEIVING THIS REPORT: _____

NAME OF PERSON REPORTING THE INCIDENT: _____

CHECK ONE: Aviation Business IT Nursing Administrative

CLASS ASSIGNED, IF APPLICABLE: _____

SUMMARY OF DISPOSITION: _____

PROVIDE COMPLETED FORM TO: : **STUDENT AFFAIRS (STUDENTS) / HR (EMPLOYEES)**

REVIEWED BY: DIRECTOR, SA _____

PROVOST _____

HUMAN RESOURCES _____

ADDITIONAL COMMENTS: _____
