

**WEST CHESTER UNIVERSITY
OFFICE OF RESIDENCE LIFE AND HOUSING SERVICES
INFORMATION REPORT**

PLEASE LIST THE CONTACT INFORMATION OF THE STAFF MEMBER SUBMITTING THIS REPORT			
Staff Member Name		WCU ID#	
Campus Address		Cell Phone #	
Staff Member Position:	<input type="checkbox"/> RA <input type="checkbox"/> DA <input type="checkbox"/> GA <input type="checkbox"/> GHD <input type="checkbox"/> RD <input type="checkbox"/> OTHER		

PLEASE LIST INFORMATION REGARDING THE PERSON(S) INVOLVED IN THIS REPORT			
Name of Individual		WCU ID#	
Campus Address		Cell Phone #	
Name of Individual		WCU ID#	
Campus Address		Cell Phone #	
Name of Individual		WCU ID#	
Campus Address		Cell Phone #	

PLEASE LIST INFORMATION REGARDING THE SITUATION BEING REPORTED		
Date of Incident:	Time of Incident:	Location of Incident:

PLEASE LIST SPECIFIC DETAILS OF THE SITUATION BEING REPORTED. *(Use back if necessary)* Please include as much information as possible about this situation including action taken, witnesses, persons informed of situation, etc.

RD Initials and Date Received: _____