



Safety and Security Department

Central Lakes College

Incident Report Request/Receipt Form

Date: _____

I _____ **request** a copy of Safety and Security Dept.
(PLEASE PRINT)

Incident Report # _____. I request of this report for the following reason:

Personal Records ____ Insurance Claim ____ Other (explain) _____

Comments: _____

Contact Information

Address _____

Telephone Number _____

Email Address _____

YOU WILL BE NOTIFIED WITHIN SEVEN TO TEN BUSINESS DAYS THAT THIS REQUEST HAS BEEN PROCESSED.

I _____ **received** a copy of Safety and Security
(PLEASE PRINT)

Department Incident Report # _____ on this date _____.

I understand that certain information (i.e.. Date of Birth) about the other parties involved in this incident have been redacted according to Federal and State Law.

Signature _____ Date Received _____

Witnessed By _____
(Public Safety Representative)

FOR OFFICE USE ONLY

Date received _____ Date Completed _____

Request Authorized by _____

Request Denied by _____

Comments _____
