



Great Falls College MSU INCIDENT REPORT

Reporting Person: _____ Today's Date: _____

Phone: _____

Email: _____

Location of Incident: _____ Date & Time Incident Occurred: _____

Type of Incident:

Detailed Description of Incident (Attach Additional Sheets if Needed):

Names of Individual(s) Involved: _____

Injuries Sustained:

Outside Parties Notified?

Actions Taken:

Please return completed form to CFO:

2100 16th Ave S
Administrative Suite, G2
Great Falls, MT 59405

phone: 406-771-2271
fax: 406-771-4317
email: incidentreport@gfcmsu.edu