



**GREAT FALLS
COLLEGE**
MONTANA STATE
UNIVERSITY

Great Falls College

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:

Phil Carr, Executive Director Technology & Operations
Administrative Suite phone: 406-771-4391
2100 16th Ave S Great email: philip.carr@gfcmsu.edu
Falls, MT 59405