



**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

2100 16th Ave S Great

Falls, MT 59405

phone: 406-771-4391

email: [philip.carr@gfcmsu.edu](mailto:philip.carr@gfcmsu.edu)