



# 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 Carmen Roberts  
2100 16th Ave S phone: 406-771-4392  
Administrative Suite, G12 email: carmen.roberts@gfcmu.edu  
Great Falls, MT 59405