

# Incident Report Form

University of Central Oklahoma

Revised 2/2019

To better serve your needs and to process your grievance in a timelier fashion, please use this form to provide details of the situation or issue for which you are requesting assistance.

Your Name: \_\_\_\_\_

First

Last

Middle Initial

Address: \_\_\_\_\_

Street

City

State

Zip Code

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Please use this space to give general details of your issue:

What is the specific action that you are requesting?

**Administrative Notes:**

(For staff use only)

Please submit this form completed to either Disability Support Services, Nigh University Center, Room 305 or to the Office of Legal Counsel, Administration Building, Room 114 to begin the grievance process.