



Office of Student Conduct Incident Report Form
For incidents involving UNLV students

Date of Incident: \_\_\_/\_\_\_/\_\_\_ Time of Incident: \_\_\_:\_\_\_ AM/PM

Location: \_\_\_\_\_

Individuals Involved

Table with 3 columns: First & Last Name, NSHE# (if known), Student Contact Information (if known). Contains 5 empty rows.

Witnesses (if any)

Table with 3 columns: First & Last Name, NSHE# (if any), Contact Information (if known). Contains 5 empty rows.

Description of Incident:

Please be as specific and detailed as possible stating the facts. You may use additional pages if necessary.

Large empty rectangular box for describing the incident.

Has this incident been reported to the police? Yes No

If yes, which police department: \_\_\_\_\_ Report #: \_\_\_\_\_

**Submission directions:**

Submit completed incident report to [officeofstudentconduct@unlv.edu](mailto:officeofstudentconduct@unlv.edu) or CDC Building 1, Office 118.

By submitting this form, I hereby acknowledge that the information provided in this report is accurate to the best of my knowledge and that the Office of Student Conduct will review the incident to determine an appropriate response. I am aware that the Office of Student Conduct maintains final jurisdiction over the referral of student disciplinary matters. Anyone intentionally providing false or inaccurate information through an Incident Report Form will face appropriate disciplinary and/or legal action at the discretion of the Office of Student Conduct.

Submitted By: \_\_\_\_\_ Phone #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ NSHE# (if any): \_\_\_\_\_

UNLV Affiliation: Student Faculty Staff Community Member Other: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_