



# Safety and Security Department Central Lakes College Incident Report Request/Receipt Form

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

I \_\_\_\_\_ **request** a copy of Safety and Security Dept.  
(PLEASE PRINT)

Incident Report # \_\_\_\_\_. I request of this report for the following reason:

Personal Records \_\_\_ Insurance Claim \_\_\_ Other (explain) \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Contact Information

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Email Address \_\_\_\_\_

**YOU WILL BE NOTIFIED WITHIN SEVEN TO TEN BUSINESS DAYS THAT THIS REQUEST HAS BEEN PROCESSED.**

I \_\_\_\_\_ **received** a copy of Safety and Security  
(PLEASE PRINT)

Department Incident Report # \_\_\_\_\_ on this date \_\_\_\_\_.

I understand that certain information (i.e.. Date of Birth) about the other parties involved in this incident have been redacted according to Federal and State Law.

Signature \_\_\_\_\_ Date Received \_\_\_\_\_

Witnessed By \_\_\_\_\_  
(Public Safety Representative)

## FOR OFFICE USE ONLY

Date received \_\_\_\_\_ Date Completed \_\_\_\_\_

Request Authorized by \_\_\_\_\_

Request Denied by \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_