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Sonoma State University
Pre-College Programs

INCIDENT REPORT

Student Name: _____ Date: _____

Period: _____ Location of Incident: _____

Program: Summer Academy Saturday Academy

Incident Reported to: _____

Describe Incident:

Steps Taken to De-escalate Incident:

Person Reporting Incident: _____ Date: _____

Contact Number or e-mail address of Person Reporting Incident: _____

For Office Use Only Below This Line

Follow-Up Summary:

Action Taken:

Notified: Parent: _____ PCP Staff: _____

Yes No N/A Yes No N/A

Director, Upward Bound Programs

Date