

# Conduct Documentation Form

\*\*\*Please submit this form to the WSU County Extension Office within 72 hours of the incident date \*\*\*

Name of Reporting Party/Report Preparer: \_\_\_\_\_

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

Your Role: \_\_\_\_\_ Volunteer \_\_\_\_\_ Youth Participant \_\_\_\_\_ Adult Participant \_\_\_\_\_ WSU Faculty/Staff

Incident Date: \_\_\_\_\_ Date Report Prepared: \_\_\_\_\_

County: \_\_\_\_\_ Club/Unit: \_\_\_\_\_

Volunteer/Employee member in charge at the time of the incident: \_\_\_\_\_

Complete description of what the individuals involved were doing just before the incident occurred.

**Complete description of the incident, include specifics surrounding the incident:**

**Specific location of Incident:**

***Office Use Only***

***Clarification of the above statement was conducted verbally on \_\_\_\_\_ at \_\_\_\_\_ by \_\_\_\_\_***  
*Date Time WSU Faculty or Staff*

**Names and Phone Numbers of Witnesses or Others Involved in the Incident:**

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

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

How were they involved in this incident:

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

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

How were they involved in this incident:

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

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

How were they involved in this incident:

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Signed by Preparer: \_\_\_\_\_

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

Signed by WSU Staff/Faculty: \_\_\_\_\_

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

Received By: \_\_\_\_\_

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