

The George Washington University Police Department Incident Report Request

First Name: _____ Last Name: _____

Address: _____ Phone: _____

1. All requests are subject to approval. If you have any questions upon approval or disapproval of the report you may schedule an appointment with the Captain.
2. There is a \$5.00 fee for all incident reports which is payable upon receipt of the report.
3. Requests take at least 4-5 days to process.

I have read and understand the above three points regarding the request of University Police Reports:

Sign: _____

Date: _____

Please complete this statement.

In the report, I was the (please check):

Witness: The person who saw something happen

Complainant: The person who made the complaint

Property: The property stolen or vandalized was (please circle): University Property Personal Property

Please describe the incident: _____

Date of Incident: _____ Reason for request: _____

GW POLICE RESERVES THE RIGHT TO DENY REPORT REQUESTS FOR ANY REASON.

Administrative Use Only:

Report Number: _____

Name of person taking request: _____ Date: _____

Approved/ Denied by Captain: _____ Date: _____

(Please Circle) University Property Personal Property

Fee Paid? _____ Fee Received by: _____ ID Checked Y/N _____ Report Given to Individual: YES / NO