



Incident Report



Date Requested : 25/05/2021 9:32:54AM

Incident ID	UCI20190001044
Incident Category	Assault Inc Sexual Assault
Incident Type	Harassment
Incident Severity	
Incident Status	Investigation
Reported By	
Reporter Type	
Reported Date & Time	9/10/2019 8:26:45AM
Incident Date & Time	8/10/2019 1:30:00AM
Reported Location	On Campus
Campus / Residence	UC Bruce
Location Details	Outside Cooper lodge

Description of Incident

A student has reported to me at 1:33am the following –

“Can you find out which security guards were on tonight

“They are seem to be intoxicated walking around campus drinking and yelling up into peoples rooms. They yelled into a girls room lights off tits out, completely disgusting”

The student lives in cooper lodge and had returned from work.

Afflicted Person Type Student

Aboriginal or TSI ?

First Name anonymous

Last Name

DoB

Gender

Phone

Email

Address

University ID

Department / Business Unit

Faculty / Business Unit

Reporter Type Staff

Aboriginal or TSI ?

First Name [REDACTED]

Last Name [REDACTED]

DoB

Gender [REDACTED]

Phone [REDACTED]

Email [REDACTED]

Address

University ID

Department / Business Unit

Faculty / Business Unit

Wrongdoers / Others Involved

First Name

Last Name

Gender

Department / Business Unit

Faculty / Business Unit

Previously Reported to

Requested Medical / Counselling Support

Received Medical / Counselling Support

Representative / Alternate Contact Details

First Name

Last Name

Phone

Email

Emergency Services Details

Agency Name

Full Name

Station

Contact No.

Truck No.

Comments

Arr Time

Dep Time

Action Taken

UC Security Details

How was UC Security Notified

Other Staff Attended

Arr Time

Dep Time

Action Taken

Witness Details

Full Name

Age

Gender

Contact No.

Statement

Asset Details

Asset ID

Condition

Impact

Bomb Details

Question

Answer

Crime Details

Incident Type

Description

Casualty Details

Full Name

Age

Gender

Contact No.

Address

Staff ID

Injury Description

Property Details

Property Type

Damage

Other Damage

Cause

Suspect Details

Full Name

Age

Gender

Contact No.

Charges

Unregistered Asset Details

Asset ID

Quantity

Condition

Impact

Vehicle Details

UC Owned

UC Claim

Insured

Registration

Make

Colour

Description

Driver

Staff/Student ID

Date of Birth

Gender

Contact No.

License No.

Address

Witness Details

Full Name

Age

Gender

Contact No.

Statement

Location Map Details

Record Number

X-Coordinates

Y-Coordinates

Medical Details

Alcohol Related

Drugs Related

Mental-Health Related

Self-Harm Related