



**REQUEST FOR COPY OF INCIDENT REPORT**

DATE: \_\_\_\_\_

TO: FREEDOM OF INFORMATION LAW OFFICER  
SUFFOLK COUNTY COMMUNITY COLLEGE  
533 COLLEGE ROAD, NFL 230  
SELDEN, NY 11784-2899  
Legalaffairs@sunysuffolk.edu

Under the Freedom of Information Law, I am requesting a copy of an Incident Report taken by the SCCC Office of Public Safety.

Date of Incident: \_\_\_\_\_

Campus:

- Ammerman
- Michael J. Grant
- Eastern
- Culinary Center

Type of Incident: \_\_\_\_\_

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

Name of Parties Involved: \_\_\_\_\_

\_\_\_\_\_

Signature of Requestor: \_\_\_\_\_

Printed Name of Requestor: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

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