

BİLKENT UNIVERSITY SECURITY AND CIVIL DEFENCE OFFICE	VEHICLE INCIDENT FORM		Doc. No: F-GP-15
			Revised version no:01
THE PARTY WHO MAKES THE COMPLAINT			Page No :
Date and Time :	Issue no:		
Name & Surname :			
Department /Unit:			
TC ID /University ID Number:			
GSM Number:		Signature	
VEHICLE INFORMATION			
Location of vehicle:			
Date and time of incident:			
Plate Number:			
Color and model of the vehicle:			
Vehicle Determination:			
The Security Gate that the vehicle entered the University Campus			
Campus entry time of the vehicle:			
INSPECTION RESULTS			
NAME&SURNAME OF THE INSPECTING OFFICER	DUTY OF THE OFFICER	SIGNATURE	
SUPERVISOR			
Name & Surname: Date /Signature			
<p>I have been informed about the personal data protection law numbered 6698, and the personal data I have provided with this document/form; I hereby accept the processing and/or transferring any of my personal information to be limited only to the matters stated in the clarification text and the purposes included in the relevant legislation.</p> <p>SIGNATURE:</p>			