



## Central Alabama Community College INCIDENT REPORT

**1. Date of Incident**

**2. Time of Incident**

**3. Location of Incident (Building, Campus, Site, etc.)**

**4. Name (s) of Student(s) and/or Individuals Involved in Incident**

**5. Reporting Employee(s)**

**6. Incident Type (Fill in blanks in all areas that apply.)**

INCIDENT	BRIEF DESCRIPTION OF INCIDENT
<i>Accident</i>	
<i>Illness or Injury</i>	
<i>Student Code of Conduct Alleged Violation</i>	
<i>Stolen/Lost Property</i>	
<i>Safety Issue/Concern</i>	
<i>Classroom Issue</i>	
<i>Other</i>	

**7. Individuals or Department Notified: (Indicate all that apply and list names.)**

CONTACT	INCLUDE NAME, MODE OF CONTACT, DATE/ TIME OF CONTACT
<i>Security</i>	
<i>President</i>	
<i>CFO</i>	
<i>Dean of Instruction</i>	
<i>Dean of Students</i>	
<i>Associate Dean of Student Services</i>	
<i>Medical Personnel</i>	
<i>Maintenance</i>	
<i>Athletic Director</i>	
<i>Law Enforcement</i>	

<i>Human Resources Director</i>	
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**8. Witnesses to Incident (NAME AND CONTACT INFORMATION)**

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**9. Incident Description: (BE SPECIFIC AND FACTUAL. DESCRIBE THE INCIDENT. SCAN AND DESCRIBE THE ENVIRONMENT. LIST THE STEPS THAT WERE TAKEN.)**

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**10. Date & Time this Report was Submitted**

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**11. Signature of Reporting Employee**

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**Email and submit signed copy to the appropriate dean and College Safety & Security Coordinator.**