



Central Alabama Community College INCIDENT REPORT

1. **Date of Incident** **Time of Incident**

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2. **Location of Campus** **Location of Incident on Campus (building, parking lot, etc.)**

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3. **Name (s) of Student(s) and/or Individuals**

Involved in Incident

Student ID #

4. **Witnesses to Incident (NAME AND CONTACT INFORMATION)**

PLEASE NOTE: Witness Statements must be signed and dated by the witnesses and attached to the Incident Report on a separate sheet of paper.

5. **Reporting Employee(s)**

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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>	Level: Offense: Page Number in Student Handbook:
<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>Safety and Security Coordinator or On Duty Security Officer</i>	
<i>President</i>	
<i>Dean of Financial Services</i>	
<i>Dean of Instruction</i>	
<i>Dean of Students</i>	

<i>Dean of Adult and Continuing Education and Childersburg Campus</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>	

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

PLEASE NOTE: Statements by the victim or involved parties must be signed and dated by the individuals and attached to the Incident Report on a separate sheet of paper.

9. Date Report Submitted Time Report Submitted

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10. Signature of Reporting Employee

Email and submit signed copy to the appropriate dean and College Safety & Security Coordinator within 48 hours.