



COASTAL BEND COLLEGE INCIDENT, SAFETY, OR INJURY REPORT

INSTRUCTIONS: This report form should normally be completed by a CBC employee, but may be completed by any person with sufficient knowledge of the incident, injury, or issue being reported. ***If completed by a CBC employee, the report shall be typed and signed*** and either scanned or sent via college mail system to the CBC Director of Public Safety. Use this form to report safety concerns, accidents, injuries, emergency medical situations, suspicious persons or activities, and criminal acts that OCCUR on CBC PROPERTY. Please note that **incidents involving a crime or traffic incident should be reported directly to the Police** and then to the Site Director if the incident or injury did not occur on the Beeville CBC Site. The CBC Director of Public Safety should be contacted for issues that occur at the Beeville site. Site Directors or the reporting employee's supervisor should provide an incident report to the CBC Department of Public Safety as soon as practical. This report should normally be completed within 24 hours of the event. Submit completed report to the **CBC Department of Public Safety on the Beeville Campus, ATTENTION - DIRECTOR OF PUBLIC SAFETY.**

NOTE: *If your complaint concerns a [Student Conduct](#) or [Title IX](#) issue or incident, please follow the hyperlink to the appropriate reporting page or access information at <http://coastalbend.edu/StudentRightsResponsibilities/> for student complaints or conduct issues. To report a Title IX concern or complaint, access <http://coastalbend.edu/titleix/>.*

CATEGORY OF REPORT (you check as many selections as apply)										
Criminal Complaint		Disruptive Behavior		Suspicious Activity/Person		Safety Issue/concern		Injury on CBC Property		Damage to CBC Property

REPORTING PERSON

Full Name						CBC EMPLOYEE?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
-----------	--	--	--	--	--	---------------	------------------------------	-----------------------------

Home Address (<i>not necessary for CBC employees</i>)								
---	--	--	--	--	--	--	--	--

Campus resident	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Student ID number					
-----------------	------------------------------	-----------------------------	-------------------	--	--	--	--	--

Are you a:								
-------------------	--	--	--	--	--	--	--	--

Student	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Visitor	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Vendor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
----------------	------------------------------	-----------------------------	----------------	------------------------------	-----------------------------	---------------	------------------------------	-----------------------------

Phone Numbers	Home	Cell	Work					
---------------	------	------	------	--	--	--	--	--

INFORMATION ABOUT PERSON INVOLVED OR IS A WITNESS

Full Name						CBC EMPLOYEE?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
-----------	--	--	--	--	--	---------------	------------------------------	-----------------------------

Home Address (<i>not necessary for CBC employees</i>)								
---	--	--	--	--	--	--	--	--

Campus resident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Student ID number					
------------------	------------------------------	-----------------------------	-------------------	--	--	--	--	--

Is this person a;								
--------------------------	--	--	--	--	--	--	--	--

Student	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Visitor	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Vendor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
----------------	------------------------------	-----------------------------	----------------	------------------------------	-----------------------------	---------------	------------------------------	-----------------------------

Phone Numbers	Home	Cell	Work					
---------------	------	------	------	--	--	--	--	--

INFORMATION ABOUT PERSON INVOLVED OR IS A WITNESS

Full Name						CBC EMPLOYEE?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
-----------	--	--	--	--	--	---------------	------------------------------	-----------------------------

Home Address (<i>not necessary for CBC employees</i>)								
---	--	--	--	--	--	--	--	--

Campus resident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Student ID number					
------------------	------------------------------	-----------------------------	-------------------	--	--	--	--	--

Is this person a;								
--------------------------	--	--	--	--	--	--	--	--

Student	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Visitor	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Vendor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
----------------	------------------------------	-----------------------------	----------------	------------------------------	-----------------------------	---------------	------------------------------	-----------------------------

Phone Numbers	Home	Cell	Work					
---------------	------	------	------	--	--	--	--	--

INFORMATION ABOUT PERSON INVOLVED OR IS A WITNESS

Full Name						CBC EMPLOYEE?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
-----------	--	--	--	--	--	---------------	------------------------------	-----------------------------

Home Address (<i>not necessary for CBC employees</i>)								
---	--	--	--	--	--	--	--	--

Campus resident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Student ID number					
------------------	------------------------------	-----------------------------	-------------------	--	--	--	--	--

Is this person a;								
--------------------------	--	--	--	--	--	--	--	--

Student	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Visitor	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Vendor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
----------------	------------------------------	-----------------------------	----------------	------------------------------	-----------------------------	---------------	------------------------------	-----------------------------

Phone Numbers	Home	Cell	Work					
---------------	------	------	------	--	--	--	--	--



COASTAL BEND COLLEGE INCIDENT, SAFETY, OR INJURY REPORT

INFORMATION ABOUT THE INCIDENT

Day and Date of Incident	Time	Did this incident require that Police or EMS be Notified? <input type="checkbox"/> Yes* <input type="checkbox"/> No <small><i>*If your response is YES complete Police Related section below</i></small>
--------------------------	------	--

Identify the CBC site involved in this report: Beeville Alice Kingsville Pleasanton

Other Identify Specific Location of Incident or issue: _____

Description of Incident: In your written description of the events and/or details of the incident or issue. Be as specific and detailed as possible by documenting Who is involved, What happened, When did it happen, Where did it happen, Why did it happen, and How did it happen, in this section of the report. (attach additional sheets if necessary)

EMS related issues Was EMS called to your site? <input type="checkbox"/> Yes <input type="checkbox"/> No Did it involve medical treatment of an EMPLOYEE? <input type="checkbox"/> Yes <input type="checkbox"/> No Did it involve medical treatment of a STUDENT? <input type="checkbox"/> Yes <input type="checkbox"/> No Was medical treatment provided? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused If yes, where was treatment provided: <input type="checkbox"/> on site <input type="checkbox"/> Urgent Care <input type="checkbox"/> Emergency Room <input type="checkbox"/> Other Was person transported a student? <input type="checkbox"/> Yes <input type="checkbox"/> No Was person transported an employee? <input type="checkbox"/> Yes <input type="checkbox"/> No Where was patient transported? _____ If this is an injury, was it caused by an assault? <input type="checkbox"/> Yes <input type="checkbox"/> No	Police related issues Were Police called to your site? <input type="checkbox"/> Yes <input type="checkbox"/> No Was an incident report made by on-scene police? <input type="checkbox"/> Yes <input type="checkbox"/> No Identify the primary police agency who investigated the issue or incident _____ Did you receive an incident number from police officers at the scene? <input type="checkbox"/> Yes <input type="checkbox"/> No List number _____ Was a custodial arrest made by police officers on CBC premises? <input type="checkbox"/> Yes <input type="checkbox"/> No
--	---

IF someone was injured, please describe the injury (laceration, sprain, etc.)

REPORTER INFORMATION

Individual Submitting Report (print name)
Signature
Date Report Completed



CBC DEPARTMENT OF PUBLIC SAFETY OFFICE USE ONLY

FOLLOWUP TRACKING

Document any follow-up action taken after receipt of the incident report.

INTAKE	Date:	Time:	Rec by:
---------------	-------	-------	---------

Date	Action Taken	By Whom

CLERY REPORTING REQUIRED?	<input type="checkbox"/> Yes <input type="checkbox"/> No
REPORTED ON DAILY SECURITY REPORT?	<input type="checkbox"/> Yes <input type="checkbox"/> No
DATE ENTERED ONTO CBC SECURITY DAILY REPORT	