



CAES INCIDENT REPORT

Incident Information:

Incident Type(s): (Check all that apply)

Date: _____ Location: _____
 Time: _____
 Incident: _____
 (25 words or less)

 Reporting Person: _____ Phone: _____

- | | |
|---|---|
| <input type="checkbox"/> Accident | <input type="checkbox"/> Injury |
| <input type="checkbox"/> Act of Physical Violence | <input type="checkbox"/> Act of a Sexual Nature |
| <input type="checkbox"/> Theft | <input type="checkbox"/> Property Damage |
| <input type="checkbox"/> NDAH issue | <input type="checkbox"/> Threat |
| <input type="checkbox"/> Drug issue | <input type="checkbox"/> Alcohol issue |
| <input type="checkbox"/> Illness | <input type="checkbox"/> Other _____ |

Involved Parties:

Name: _____	<input type="checkbox"/> Juvenile	Involvement: <input type="checkbox"/> Affected <input type="checkbox"/> Witness <input type="checkbox"/> Other
County: _____	Address & Phone: _____	
Name: _____	<input type="checkbox"/> Juvenile	Involvement: <input type="checkbox"/> Affected <input type="checkbox"/> Witness <input type="checkbox"/> Other
County: _____	Address & Phone: _____	
Name: _____	<input type="checkbox"/> Juvenile	Involvement: <input type="checkbox"/> Affected <input type="checkbox"/> Witness <input type="checkbox"/> Other
County: _____	Address & Phone: _____	
Name: _____	<input type="checkbox"/> Juvenile	Involvement: <input type="checkbox"/> Affected <input type="checkbox"/> Witness <input type="checkbox"/> Other
County: _____	Address & Phone: _____	

Parties Contacted: (Check all that apply to this situation. All parties listed are not required to be contacted.)

- | | |
|--|---|
| <input type="checkbox"/> UGA Police (Date/Time: _____) | <input type="checkbox"/> Local Law Enforcement (Date/Time: _____) |
| <input type="checkbox"/> CAES Dean's Office (Date/Time: _____) | <input type="checkbox"/> UGA EOO (Date/Time: _____) |
| <input type="checkbox"/> UGA HR (Date/Time: _____) | <input type="checkbox"/> UGA Legal Affairs (Date/Time: _____) |
| <input type="checkbox"/> Parents of _____ (Date/Time: _____) | <input type="checkbox"/> EMS (Date/Time: _____) |
| <input type="checkbox"/> NON-EMS Medical Professional (Date/Time: _____) | <input type="checkbox"/> Extension Event Coordinator (Date/Time: _____) |
| <input type="checkbox"/> Extension Administrator (Date/Time: _____) | <input type="checkbox"/> DFCS (Date/Time: _____) |
| <input type="checkbox"/> CAES HR (Date/Time: _____) | |

Results: (Check all that apply)

- Police Investigation EOO Investigation UGA HR Action CAES HR Action
- Follow-up with Parents Scheduled for _____ Follow-up Medical Care Scheduled for _____ No Further Action