



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	<input type="checkbox"/>	Disruptive Behavior	<input type="checkbox"/>	Suspicious Activity/Person	<input type="checkbox"/>	Safety Issue/ concern	<input type="checkbox"/>	Injury on CBC Property	<input type="checkbox"/>	Damage to CBC Property	<input type="checkbox"/>
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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				



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:
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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	