



COASTAL BEND COLLEGE INCIDENT, SAFETY, OR INJURY REPORT

INSTRUCTIONS: Use this form to report safety concerns, accidents, student or visitor injuries, emergency medical situations, suspicious persons or activities, and criminal acts that OCCUR on CBC PROPERTY. NOTE: WORK RELATED INJURIES SUSTAINED BY EMPLOYEES should be reported to HR for documentation and for Workers' Compensation claims. In those circumstances this report should not be used, instead HR has specific WC claim reports that must be completed. This report form should normally be completed by a CBC employee, but may be completed by any person with sufficient knowledge of the incident, occurrence, or situation being reported.

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 Chief of Police should be informed as soon as practical. Site Directors or their designee should provide an incident report to the Chief of Police. This report should normally be completed within 24 hours of the event. Submit completed report to CBC Police Department on the Beeville Campus, ATTENTION CHIEF OF POLICE. The FAX NUMBER IS (361) 358-3982

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 (not necessary for CBC employees)									
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 (not necessary for CBC employees)									
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 (not necessary for CBC employees)									
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 (not necessary for CBC employees)									
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			



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INFORMATION ABOUT THE INCIDENT

Day and Date of Incident

Time

Did this incident require that Police or EMS be Notified? Yes* No

**If your response is YES complete Police Related section below*

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? Yes No

Did it involve medical treatment of an EMPLOYEE? Yes No

Did it involve medical treatment of a STUDENT? Yes No

Was medical treatment provided? Yes No Refused

If yes, where was treatment provided:

- on site
- Urgent Care
- Emergency Room
- Other

Was person transported a student? Yes No

Was person transported an employee? Yes No

Where was patient transported? _____

If this is an injury, was it caused by an assault? Yes No

Police related issues

Were Police called to your site? Yes No

Was an incident report made by on-scene police? Yes No

Identify the primary police agency who investigated the issue or incident _____

Did you receive an incident number from police officers at the scene? Yes No

List number _____

Was a custodial arrest made by police officers on CBC premises? Yes 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	