



CAES INCIDENT REPORT

Incident Information:

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

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

 Reporting Person: _____ Phone: _____

- Accident Injury
 Act of Physical Violence Act of a Sexual Nature
 Theft Property Damage
 NDAH issue Threat
 Drug issue Alcohol issue
 Illness Other _____

Involved Parties:

Name: _____ Juvenile Involvement: Affected Witness Other
 County: _____ Address & Phone: _____
 Name: _____ Juvenile Involvement: Affected Witness Other
 County: _____ Address & Phone: _____
 Name: _____ Juvenile Involvement: Affected Witness Other
 County: _____ Address & Phone: _____
 Name: _____ Juvenile Involvement: Affected Witness Other
 County: _____ Address & Phone: _____

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

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