



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