

South Orange County Community College District
Office of Risk Management
INCIDENT REPORT

Distribution List:				<i>(NOTE: Confidential health information may be contained in this report)</i>
District/College Property Loss/Theft/Damage:	Student Conduct/Medical:	Employee Medical/Crime/Conduct:	Miscellaneous:	
<ul style="list-style-type: none"> ▪ Campus Police ▪ College Budget Mgr. ▪ Vice President ▪ Risk Management/Benefits ▪ Facility Management ▪ Technology <i>(if applicable)</i> 	<ul style="list-style-type: none"> ▪ Campus Police ▪ VP of Student Services 	<ul style="list-style-type: none"> ▪ Campus Police ▪ Vice President ▪ Risk Management 	<ul style="list-style-type: none"> ▪ Campus Police ▪ Risk Management 	

Person Preparing Report		Office Location	Office extension:
Date of Incident	Time of Incident	Location of Incident	
	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.		
Date Reporting	Was Campus Police Contacted?	Name of Campus Police Officer:	
	<input type="checkbox"/> Yes, <input type="checkbox"/> No		
Name of Witness(es), Address & Telephone Number			
Explanation: <i>(Include name and student ID/employee ID of all persons involved).</i>			
Person Preparing Report Signature			Date
Administrator/Manager Signature			Date