

## INCIDENT REPORT

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Date Reported: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

DOB: \_\_\_\_\_ ID: \_\_\_\_\_

Address #: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Incident Location (Building, Room Number, Lab, Parking Lot, Sidewalk, etc.):  
\_\_\_\_\_

Additional Location Information: \_\_\_\_\_

Environmental conditions: \_\_\_\_\_

Other notable conditions: \_\_\_\_\_

Witness Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Witness Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Police: \_\_\_\_\_ Name/Badge: \_\_\_\_\_ Report #: \_\_\_\_\_

Maintenance: \_\_\_\_\_ Name: \_\_\_\_\_ Action Taken: \_\_\_\_\_

Reported to: \_\_\_\_\_ Dept.: \_\_\_\_\_ Action: \_\_\_\_\_

Ambulance: \_\_\_\_\_ Transported: \_\_\_\_\_ Where to: \_\_\_\_\_

Photos Taken? \_\_\_\_\_ When? \_\_\_\_\_ Where Stored? \_\_\_\_\_

Video Secured? \_\_\_\_\_ When? \_\_\_\_\_ Where Stored? \_\_\_\_\_

Reports Received: \_\_\_\_\_ Report #: \_\_\_\_\_ Where Stored? \_\_\_\_\_

Incident Description (use back for additional information):

Administrative Services- Facilities  
Campus Box 207  
P.O. Box 173363  
Denver, CO 80217  
Fax: 303-352-3023  
Phone: 303-352-3053  
Email: kevin.seiler@ccd.edu



## INCIDENT REPORT

Filled out by: \_\_\_\_\_ Phone: \_\_\_\_\_  
Reviewed by: \_\_\_\_\_ Phone: \_\_\_\_\_  
Completed Date: \_\_\_\_\_

Completed reports are to be forwarded to the Director of Facilities – [kevin.seiler@ccd.edu](mailto:kevin.seiler@ccd.edu) or Facility Services, CLR 103.

\*Maintain All Records for 3 years after date of incident.