Administrative Services- Facilities
Campus Box 207
P.O. Box 173363
Denver, CO 80217
Phone: 303-352-6248
Email: jesse.goddard@ccd.edu

COMMUNITY COLLEGE OF DENVER

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):

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INCIDENT REPORT

Filled out by: _____ Phone: _____

Reviewed by: _____ Phone: _____

Completed Date: _____

Completed reports are to be forwarded to the Director of Facilities
– jesse.goddard@ccd.edu.

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