## University of Colorado - Colorado Springs Minors on Campus Legidorat Domont

Date Received (Sa	afety Staff)
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**Incident Report** 

To be used for all incidents which occur related to camps or activities that are covered by the protection of children / Minors on campus Policy. This report is required for all incidents and is to be filled out by UCCS Camp operators. Date of Incident \_\_\_\_\_/\_\_\_ Time of Incident \_\_\_\_: \_\_\_ am / pm Name of Person (s) Involved: \_\_\_\_\_\_Gender: \_\_\_\_\_Age\_\_Gender: \_\_\_\_\_Age\_\_ Name or Parent/Guardian if under 18 \_\_\_\_\_\_Address: \_\_\_\_\_ City, State Zip \_\_\_\_\_\_Campus or Home Phone Number (\_\_\_\_\_) **OR** □ No individual present/or witnessed with incident ID Classification: □ Student □ Fac/Staff □ Affiliate/Associate □ Guest/Community □ Other \_\_\_\_\_ NATURE OF INCIDENT TYPE: □ Conduct Violation □ Lost/Misplaced Item □ Blood/OPIM □ Security/Safety □ Equipment/Facility □ Other \_\_\_\_\_ **DETAIL**: □ Confiscated ID □ Drugs/Alcohol/Intoxication □ Ejection ☐ Fight/Physical Confrontation ☐ Financial/Cash Discrepancy □ Footwear □ Graffiti/Vandalism □ Lock on Day Use Locker ☐ Inconsistent with reservation (no show, wrong location, wrong day/time) □ Refusal to Abide by Camp / Activity values/guidelines □ Verbal Altercation □ Unsecured Door/Area □ Vomit/Blood/Fecal Matter Clean-up DESCRIPTION (item, event, person, organization or activity): **NOTIFICATION/ASSISTANCE WITH RESOLUTION:** (Check all that apply)

□ BM contacted □ Campus Rec Administrative Staff □ Public Safety □ State/Local Police

□ Other \_\_\_\_\_

## DETAILS OF INCIDENT

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INCIDENT LOCATION: (Check facility and write specific name o FACILITY: □ GRWC (Gallogly Recreation & Wellness Center) □ Mountain Lion Stadium □ Other	f area)  □ Alpine Field	□ Trails
EXACT LOCATION OF INCIDENT: (Detailed location/room)		
PROGRAM & ACTIVITY DURING WHICH INCIDENT OCCU		
	UKKED:	
(Check appropriate program and write specific name of activity)		_
Program: □ Drop in Rec □ SOLE □ Rec Program/Class □ IM □ Club Sport □ Rec Kids □ Other		Event
Activity: (if applicable)		
Rec Equipment Involved/Damaged?   No  Yes Description/Nam	ne/Room	ID number
rece Equipment Involved/Damaged: 110 11 163 Description/Ivain		
WITNESSES		
Name of Witness	Phone:	
Address:		
Name of Witness		_
Address:		
EMPLOYEE SIGNATURES Form must be completed and turned into came	np operator within 24 hours	of incident.
Form Completed By		
SignaturePrint Name:		Date / /
I IIII IVAIIIC		_ Date/
CAMP OPERATOR FOLLOW-UP		
Date Reviewed:/ Initial:		
Notes:		

Updated 12/5/2022