University of Colorado - Colorado Springs

Minors on Campus

Incident Report

Date Received (Safety Staff)

To be used for all camps and activities covered by the Protection of Children / Minors on Campus Policy. This form is required to document incidents that occurred or to certify that no incidents occurred during the camp or activity.

Date of Incident _____/_____/_____ Time of Incident____:_____ am / pm

REPORT STATUS

- ◯ No Incident Occurred (Complete details of program and go to page 3 for signature)
- ◯ Incident Occurred (Go to page 2 and 3 to complete all items applicable)

DETAILS OF PROGRAM

PROGRAM LOCATION:

FACILITY: □ GRWC (Gallogly Recreation & Wellness Center) □ Alpine Field □ Trails
□ Mountain Lion Stadium
□ Other _____

EXACT LOCATION OF INCIDENT: (Detailed location/room)_____

PROGRAM & ACTIVITY DURING WHICH INCIDENT OCCURRED:

(Check appropriate program and write specific name of activity)

Program: □ Drop in Rec □ SOLE □ Rec Program/Class □ IM □ Rental □ Special Event
□ Club Sport □ Rec Kids □ Other _____

Activity: (if applicable) _____

Rec Equipment Involved/Damaged? □ No □ Yes Description/Name/Room_____ ID number__

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
□ Other _____

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

INCIDENT LOCATION: (Check facility and write specific name of area)

FACILITY: □ GRWC (Gallogly Recreation & Wellness Center) □ Alpine Field □ Trails
□ Mountain Lion Stadium
□ Other _____

EXACT LOCATION OF INCIDENT: (Detailed location/room)_____

PROGRAM & ACTIVITY DURING WHICH INCIDENT OCCURRED:

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Program: □ Drop in Rec □ SOLE □ Rec Program/Class □ IM □ Rental □ Special Event
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Activity: (if applicable) _____

Rec Equipment Involved/Damaged? □ No □ Yes Description/Name/Room_____ ID number__

WITNESSES

Name of Witness _____ Phone: _____

Address: _____

Name of Witness _____ Phone: _____

Address: _____

ADDITIONAL NOTES (as needed)

EMPLOYEE SIGNATURES

Form Completed By

Signature _____Print Name:_____ Date ___/___/___

If incident occurred, this form must be completed and submitted within 24 hours of the incident. If no incident has occurred, this form must be completed and submitted within 72 hours of the event or activity.

For both incident and no-incident reports, the completed form must be emailed to minorsafety@uccs.edu.