



CAES Incident Report

<b>Incident Information:</b>		<b>Incident Type (Check all that apply):</b>	
<b>Incident Date</b> (mm/dd/yyyy)		<input type="checkbox"/> Accident	<input type="checkbox"/> Mandated Report
<b>Report Date</b> (mm/dd/yyyy)		<input type="checkbox"/> Act of Physical Violence	<input type="checkbox"/> NDAH Issue
<b>Location</b> (County, 4-H Center, Campus Bldg., etc.)		<input type="checkbox"/> Act of a Sexual Nature	<input type="checkbox"/> Property Damage
<b>Reporting Person</b> (First & Last Name)		<input type="checkbox"/> Alcohol Issue	<input type="checkbox"/> Theft
<b>Reporting Person Phone #</b>		<input type="checkbox"/> Drug Issue	<input type="checkbox"/> Threat
<b>Incident</b> (25 words or less)		<input type="checkbox"/> Illness	<input type="checkbox"/> Other:
		<input type="checkbox"/> Injury	

**Involved Parties (use additional forms as necessary):** Please fill grey boxes if the involved party is a minor

<b>Name:</b>	<b>Phone #:</b>	<input type="checkbox"/> Minor <input type="checkbox"/> Adult
<b>Address:</b>		
<b>Involvement:</b> <input type="checkbox"/> Affected <input type="checkbox"/> Witness <input type="checkbox"/> Other:	<b>County:</b>	
<b>Parent Name:</b>	<b>Parent Phone:</b>	<b>DOB:</b>
<b>Name:</b>	<b>Phone #:</b>	<input type="checkbox"/> Minor <input type="checkbox"/> Adult
<b>Address:</b>		
<b>Involvement:</b> <input type="checkbox"/> Affected <input type="checkbox"/> Witness <input type="checkbox"/> Other:	<b>County:</b>	
<b>Parent Name:</b>	<b>Parent Phone:</b>	<b>DOB:</b>
<b>Name:</b>	<b>Phone #:</b>	<input type="checkbox"/> Minor <input type="checkbox"/> Adult
<b>Address:</b>		
<b>Involvement:</b> <input type="checkbox"/> Affected <input type="checkbox"/> Witness <input type="checkbox"/> Other:	<b>County:</b>	
<b>Parent Name:</b>	<b>Parent Phone:</b>	<b>DOB:</b>

**Contacted Parties (at the time of submission):**

UGA	Date and Time	Extension	Date and Time
<input type="checkbox"/> UGA Online Injury Report		<input type="checkbox"/> Extension Event Coordinator	
<input type="checkbox"/> UGA HR		<input type="checkbox"/> Extension Administrator <input type="checkbox"/> CEC <input type="checkbox"/> DED <input type="checkbox"/> PDC	
<input type="checkbox"/> UGA EOO		<b>Other</b>	
<input type="checkbox"/> UGA Legal Affairs		<input type="checkbox"/> Parents of: _____	
<input type="checkbox"/> UGA Police <small>Case #</small>		<input type="checkbox"/> Non-EMS Medical Professional	
<b>CAES</b>		<input type="checkbox"/> EMS	
<input type="checkbox"/> CAES HR		<input type="checkbox"/> Local Law Enforcement <small>Case #</small>	
<input type="checkbox"/> CAES Dean's Office		<input type="checkbox"/> DFCS <small>Case #</small>	

**Results (Check all that are known at the time of submission):**

<input type="checkbox"/> Police Investigation	<input type="checkbox"/> EOO Investigation	<input type="checkbox"/> UGA HR Action	<input type="checkbox"/> CAES HR Action
<input type="checkbox"/> Follow-Up with Parents scheduled for:	<input type="checkbox"/> Follow-up Medical Care Scheduled for	<input type="checkbox"/> 4-H Code of Conduct	<input type="checkbox"/> No further action