

**Youth Protection Program Incident Reporting Form**

Please submit to Risk Management via email at [riskmanagement@csudh.edu](mailto:riskmanagement@csudh.edu).

|  |                      |   |
|--|----------------------|---|
| <b>PERSONAL INFORMATION</b>  |                      |   |
| Full Name of Involved Party:   |                      | Date/Time of Accident/Incident:         |
| Address of Involved Party:   |                      | Phone Number:                           |
| Reported To:<br>Name:  | Department:          | Phone Number:                           |
| <b>DETAILS OF ACCIDENT/INCIDENT</b>  |                      |   |
| Location where accident/incident occurred:   |                      |   |
| If occurred during a class, give Class Identification and Name of Instructor:  |                      |   |
| Please describe accident/incident:   |                      |   |
| Were there injuries? If so, nature and extent of injuries:   |                      |   |
| Did injuries require medical care? If yes, give location, name of treating physician, and medical finding:               |                      |   |
| Physician Name:  | <input type="text"/> | Facility/Location: <input type="text"/> |
| Medical Finding:   | <input type="text"/> |   |
| Were there witnesses? If yes, provide name, address, and phone numbers:  |                      |   |
| Was personal property damaged? If yes, provide a description and value of property. (provide attachments if applicable). |                      |   |
| Signature of Involved Person:  |                      | Date:                                   |
| Case# (If UPD investigated):   |                      |   |