

UNIVERSITY OF HAWAII COMMUNITY COLLEGES

CSA INCIDENT REPORTING FORM

DATE CSA FORM SUBMITTED: _____ TIME SUBMITTED: _____ am pm

CAMPUS NAME: Hawaii Community College (HawCC) PHONE 1: _____

CSA NAME: _____ PHONE 2: _____

CSA POSITION: _____ EMAIL: _____

PERSON PROVIDING THE INFORMATION TO THE CSA

PERSON TYPE: Victim: () student () faculty/staff () visitor () other: _____

Other Person: () knows the victim () does not know the victim

External Service Agency: () knows the victim () does not know the victim

HOW TOLD TO CSA: In-Person By Phone Email Text/Social Media CSA Discovered

PERSON'S NAME: _____ PHONE 1: _____

POSITION/TITLE: _____ PHONE 2: _____

ADDRESS: _____ UNIT#: _____

CITY/TOWN: _____ STATE: _____ ZIP: _____

Complete victim information below if known (write "same as above" if person providing info is the victim)

VICTIM'S NAME: _____ PHONE 1: _____

POSITION/TITLE: _____ PHONE 2: _____

ADDRESS: _____ UNIT#: _____

CITY/TOWN: _____ STATE: _____ ZIP: _____

Normal Reporting Status (person provided name voluntarily; is pursuing action with campus judicial system or criminal justice system)

Confidential (person agrees to file report; but, does not want to pursue any action)

Anonymous (victim/person does not want to be identified at all)

DETAILS OF THE INCIDENT

INCIDENT OCCURRED ON / BETWEEN: (date >) _____ at (time >) _____ am pm

and (date >) _____ at (time >) _____ am pm

WHERE HAPPENED: _____

WHAT HAPPENED / WHO WAS INVOLVED: _____

Additional space was needed to describe this incident; a separate sheet is attached to this form

CLASSIFICATION OR STATISTICAL INFORMATION / REPORT STATUS

CLASSIFICATION: Incident appears to be (classification>) _____ () Not sure

HATE OR BIAS: Hate is not involved Hate is involved (hate type>) _____ () Not sure

