Reset Form

RCCD RIVERSIDE COMMUNITY COLLEGE DISTRICT
RISK MANAGEMENT
MORENO VALLEY COLLEGE | NORCO COLLEGE | RIVERSIDE CITY COLLEGE

STUDENT INCIDENT REPORT

COMPLETE **ALL** SECTIONS – ATTACH ADDITIONAL SHEETS IF NECESSARY. REPORT MUST BE COMPLETED FOR ALL INCIDENTS AND SENT TO RISK MANAGEMENT DEPARTMENT VIA EMAIL TO Bj.Cain@RCCD.EDU WITHIN 24 HOURS OF THE INCIDENT / ACCIDENT

College / District Location:	Specific Location of Accident, Building & Room#:	Date and Time of Incident:	Type of Incident:
❑ District Location ❑ Moreno Valley College ❑ Norco College ❑ Riverside City College	Building: _____ Room: _____	Date: _____ Time: _____	☐ Student Incident ☐ Student Accident ☐ Student Illness

Student Name: Student Phone Number: Student Email Address:	Health Services Department involved: ❑ Moreno Valley College Health Service ❑ Norco College Health Service ❑ Riverside City College Health Service	Were Student Accident Insurance forms provided? ☐ Yes ☐ No ☐ Declined by student College Claim Form.21.2.indd
Student Home Address:	Student ID #:	Manager/Faculty/Coach Name:
Accompanied by: ☐ Self ☐ Staff ☐ Coach ☐ Student ☐ Other	Minor: ☐ Yes ☐ No	Parent Notified? ☐ Yes ☐ No Method: ☐ Phone ☐ Email ☐ Other
CARES Referral Trigger If any behavioral or wellbeing concerns are identified: • CARES/CARE/Safe Team Referral Recommended? ☐ Yes ☐ No If yes: • ☐ Referral Submitted • ☐ Student Provided CARES Information • ☐ Warm handoff completed (if applicable)	Activity student was doing when incident occurred: ☐ In Class ☐ Sports Practice ☐ Field Trip ☐ Clinical Hours (hospital) ☐ Library ☐ Gym ☐ Cafeteria ☐ Other	Disposition: ☐ Treated at Health Clinic (no further care needed) ☐ Referred to Primary Care ☐ Referred to Hospital/Emergency Room ☐ EMS Activated (911) ☐ Returned to class ☐ Sent home ☐ Refused care ☐ Other
Describe how the incident occurred, including specific sequence of events:		

Is the student in a special program: ☐ Yes ☐ No ☐ If yes, name of program: _____	Witnesses' Names:	Witnesses' Phone Numbers:	Witnesses' Email Addresses:

Person Completing Report:	Sent to Risk Management on:	Sent to Risk Management by:

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Area for Risk Management/Safety : Corrective/Preventative Actions:		
Were any hazards identified: ☐ Yes ☐ No	Corrective actions/preventive actions:	Who is handling the repairs:
Safety investigation needed: ☐ Yes ☐ No	Who is assigned to the investigation (using the SBN platform) :	Reason the accident happened:
Received by Risk on:	Received by:	
Investigation Photos if applicable:		

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