



Central New Mexico Community College

SUPPLEMENTAL INCIDENT REPORT

Threatening or Violent Behavior

Type of Incident: \_\_\_\_\_

Where did the incident occur? \_\_\_\_\_

When did the incident occur? Date \_\_\_\_\_ Time \_\_\_\_\_

Who was involved?

- 1. \_\_\_\_\_ 2. \_\_\_\_\_
- 3. \_\_\_\_\_ 4. \_\_\_\_\_

Names of Witnesses:

- 1. \_\_\_\_\_ 2. \_\_\_\_\_
- 3. \_\_\_\_\_ 4. \_\_\_\_\_

Names of Supervisory Staff involved:

- 1. \_\_\_\_\_ 2. \_\_\_\_\_

Outside Agencies Contacted (Police, Human Resources, EMS, EAP, Wellness Center, etc.)

\_\_\_\_\_

\_\_\_\_\_

Reports Filed: \_\_\_\_\_

What happened? Be specific in recording the incident (what was said, what each person did, etc.): \_\_\_\_\_

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(Use additional page(s) if necessary.)

What triggered the incident? \_\_\_\_\_

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What ended the Incident? \_\_\_\_\_

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What happened to the individuals (victims and offenders) immediately after the incident?

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What action was taken? \_\_\_\_\_

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What was your role in this incident? (Witness, Supervisor, reporter, participant, etc.):

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Was the Workplace Safety and Violence Prevention team notified? Yes / No

If "Yes," Name: \_\_\_\_\_

Date/Time Notified: \_\_\_\_\_, \_\_\_\_\_ a.m./p.m.

If "No," reason why not: \_\_\_\_\_

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Reporting Person: \_\_\_\_\_  
Print Sign

Supervisor: \_\_\_\_\_  
Print Sign

- Distribution:
- \_\_\_\_\_ Human Resources (Through your Supervisor, Assoc. Dean, Dean)
  - \_\_\_\_\_ Campus Security (Through your Supervisor, Assoc. Dean, Dean)
  - \_\_\_\_\_ President's Office (Through your Dean, VP, HR, & Security)
  - \_\_\_\_\_ Assessment Team (Through HR & Security)
  - \_\_\_\_\_ Assisting Law Enforcement Agency (Through Security)

CNM, HR 6/06

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- [Forms](#)
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