



CCCC Crime_Incident Reporting Form

This form is to be used to report Title IX incidents including **harassment, discrimination, sexual assault, domestic and dating violence and stalking.**

This form is also to be used to report **incidents, accidents or illnesses** requiring medical aid observed on campus at, or related to Cerro Coso Community College. Examples of reportable incidents include (but not limited to) threats, violations of student conduct policies, near miss accidents, hazardous conditions, criminal activity, etc. Examples of reportable accidents include slip or trip and falls, traffic collisions, other injury or property damage producing situations, etc. Examples of reportable illness include illness that require emergency medical attention or first aid.

If this report is regarding an emergency or other life threatening situation, call 911. If this is a report of non-emergency criminal activity, please call local law enforcement as well as filing a report on this page.

Reporter Information

Although anonymous submissions are accepted, this limits our ability to gather more information and follow up with the reporter. We encourage reporters to provide as much information as possible.

Your full name:

Your phone number:

Your email address:

Your physical address:

Nature of Report (Required):

Please Choose...

Date of incident (Required):

mm/dd/yyyy

Time of incident:

Involved Parties

Please list the individuals involved (excluding yourself), including as many of the listed fields as you can provide.

Name

Select Role

Phone number

Email address

Address

Add another party

Incident / Accident Information

Please provide as much information regarding the incident as possible.

Location of Incident (Required)

- Ridgecrest / IWV Campus
- Kern River Valley Campus
- East Kern Tehachapi Campus
- ESCC Bishop Campus
- ESCC Mammoth Campus
- California City CDC
- Other Off-Campus Location

Please provide specifics of location (such as room number, main parking lot, east hallway, etc.). If you selected "Other Off-Campus Location", please specify the location of the incident. (Required)

If you selected "Other Off-Campus Location" , did the incident occur during a Cerro Coso Sponsored Activity? (Required)

- Yes
- No

Were you involved in the incident?

- Yes
- No

If yes, please indicate if you a student, staff, or guest?

- Student
- Staff
- Guest

Were you a witness to the incident? (Required)

- Yes
- No

Was the incident related to a crime? (Required)

- No
- Yes - Burglary
- Yes - Motor Vehicle Theft
- Yes - Arson
- Yes - Liquor Law Violations
- Yes - Drug Abuse Violations
- Yes - Weapons Law Violations
- Yes - Aggravated Assault
- Yes - Murder and Non-Negligent Manslaughter
- Yes - Negligent Manslaughter

- Yes - Hate Crime Larceny
- Yes - Hate Crime Vandalism
- Yes - Hate Crime Intimidation
- Yes - Hate Crime Simple Assault

Brief Description (Please include as much detail as you can and/or are willing to provide). (Required)

Did physical injury or illness occur? (Required)

- Yes
- No

If physical injury or illness occurred, please indicate to whom and a description of the injury or illness.

COLLEGE EMPLOYEES ONLY: Are you completing this report in your role as a CSA? (Required)

- Yes
- No

Supporting Documentation

Photos, video, email, and other supporting documents may be attached below. You may also deliver them to Safety/Security, Cerro Coso Community College, 3000 College Heights Blvd., Ridgecrest, CA 93555. 1GB maximum total size. Attachments require time

to upload, so please be patient after submitting this form. 5GB maximum total size.

Attachments require time to upload, so please be patient after submitting this form.

Choose files to upload

Choose Files

Submit

Sample Work Request regarding Safety

Date Printed: 08/13/2024



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000000860

Work Order #: 000000860

Title: Safety shower not functioning

Origin: Non-PM

FOPAL:

Priority: Urgent

Problem:

Originated: 04/04/2024 02:20:00 PM

Expected: 04/05/2024 06:52:00 AM

Work Category: Maintenance Support

Address: 3000 College Heights Blvd.
Ridgecrest, CA
93555, United States

Source Type: Location

WO Status: Archived

Originator: Aislyn Simpson

Project:

Work Type: Reactive Maintenance

Cause:

Assigned: 04/05/2024 06:52:00 AM

Completed: 04/05/2024 06:49:00 AM

Area/Room #:

Work requested:

Safety shower not functioning

Action Taken:

removed eyewash capsule found clogged strainer Ace will clean it up.

Comments:

| | | | |
|-----------------------------|-------|---------------------------|------|
| Total Labor Cost: | 57.00 | Total Labor Hours: | 1.00 |
| Total Part Cost: | 0.00 | Total Other Hours: | 0.00 |
| Equipment Usage Cost | 0.00 | | |
| Total Other Cost: | 0.00 | | |
| External Labor \$: | 0.00 | | |
| Non-inv \$: | 0.00 | | |
| WO Cost: | 57.00 | Total Hrs: | 1.00 |
| Est \$: | 0.00 | Est Hrs: | 0.00 |

Custom Fields

None

Assigned To

| Employee # | Name | Job Title | Phone | Email | Est Hrs | Company Name |
|-------------|--------------|----------------|--------------|-----------------------------|---------|--------------|
| 1 @00383268 | Oscar Moreno | Plant Engineer | 760-384-6363 | oscar.moreno@cerroco so.edu | 0.00 | |

Source

| Name | Location # | Path | Site | Description |
|--------------|------------|---|-----------------------|-------------|
| Rm 335 Hoods | 0000000671 | Main Building (1) > Third Floor MB > Rm 335 Hoods | CI - IWV / Ridgecrest | [N/A] |

Labor

| Employee | Start Date | End Date | Hour(s) | OT | OT Cost Factor | Description |
|--------------|------------------------|------------------------|---------|----|----------------|-------------|
| Oscar Moreno | 04/05/2024 05:52:00 AM | 04/05/2024 06:52:00 AM | 1.00 | | | |

Parts

None

Equipment Usage

None

Tasks/Steps

None

Detail

Date Printed: 08/13/2024



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Documents

None

Safety Programs

None