

University of California, Davis
Threat & Security Incident Form (Internal Use Only)



BERKELEY • DAVIS • IRVINE • LOS ANGELES • MERCED • RIVERSIDE • SAN DIEGO • SAN FRANCISCO

SANTA BARBARA • SANTA CRUZ

RISK MANAGEMENT SERVICES

Insurance Information:

(The Regents of the University of California are Self-Insured),

Direct inquires to:
UC Davis Risk Management Services

One Shields Ave.
Davis, California 95616
Phone No: (530) 752-3003
Fax No: (530) 752-3439

Instructions:

Incident/Claim #:

Use the Threat & Security Incident Form to report acts/incidents that indicate potential violence against UC Davis employees, students & guests from 3rd parties. Please direct completed forms online to UC Davis Risk Management Services within 24 hours of the act/incident.

Risk Management Services Only:

Juris Account #: _____ Juris Unit #: _____ Juris Sub-Unit #1: _____

Juris Sub-Unit #2: _____ Juris Sub-Unit #3: _____ Cause Code: _____

What is your email address to receive a copy: _____

Is there anyone else that should receive a copy? (Email Address): _____

Date/Time/Location of Incident:

Date: _____ Time: _____ AM PM Location: _____

Please Include: Address/City/County/Intersection/Etc.

Type of Incident: Bodily Injury/Threat Property Damage/Threat

Bomb/Threat Hate Mail Group Protest Harassment Other: _____

Reported to Police (if Yes): Name of Agency: _____ Name of Officer: _____

Badge No.: _____ Location: _____ Case Report #: _____

Reporting Party:

First Name: _____ Last Name: _____

Name of Department: _____ Title: _____

Wk Ph. #: _____ Email: _____

Threatened/Injured Party Information:

First Name: _____ Last Name: _____

Name of Department: _____ Title: _____

Home Address: _____ Email: _____

Hm Ph. #: _____ Wk Ph. #: _____

Property Damage: Personal Campus

General Description: _____

Persons Injured: (Write NONE if no injuries)

Name	Address	Phone #	Age	UC	Other	Type of Injuries
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	

Other Departments Involved in Incident:

Name of Department	Department Contact	WK #	Email

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Witnesses:

Name	Address	Phone #	Wk Ph. #

Incident Description:

Signature:

Signature of Reporting Party: _____ Date: _____

CONFIDENTIAL-ATTORNEY/CLIENT PRIVILEGED DOCUMENT

This is a CONFIDENTIAL report to provide information for use by legal counsel in the event a claim is filed against the Regents of the University of California or its employees. Under no circumstances should information be given to anyone except authorized University officials.