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Center for Social Concern and Action

Use this form to report any COSCA Student/Personnel engagement/outreach related concerns. Return completed form to the Outreach Specialist of COSCA-UCED.

This is documenting a/an:

| Injury | Breach of Agreements | Observation | Others | | |
|---|----------------------|-------------|--------|--|--|
| Details of person involved (to be filled in by person injured / involved if possible) | | | | | |
| Person Completing Report: Date: | | | | | |
| Person(s) Involved in the Incident: | | | | | |

Event Details

| Date of Event: | Location of Event: |
|----------------|--------------------|
| Time of Event: | Witness(es): |

| TO BE COMPLETED ONLY IF INJURY OR FIRST AID WAS REQUIRED | | |
|--|--|--|
| | | |
| | | |
| | | |
| Yes No | | |
| If yes, name of hospital or physician: | | |
| | | |

Description of Events (Describe sequence of events):

PLEASE REFER TO BACK PAGE FOR OTHER DETAILS

| TO BE COMPLETED ONLY IF RESOLUTION IS SOUGHT OUT BY REPORTING |
|---|
| |
| PARTY |

| PLEASE CHECK _ Dialogue with Student Org/s concerned | | _ Dialogue with Student Org/s concerned |
|--|---|--|
| | SUGGESTED _ Dialogue with SLIFE in-charge | |
| | RESOLUTION TO | _ Dialogue with CSO Adviser and/or USG President |
| | CONCERN/S: | _ Dialogue with COSCA-UCED Outreach In-charge |
| | | _ Dialogue with LGU/NGO/PO/CSO concerned |
| | | |

| Signature of Reporting Individ | dual: | Date: |
|--------------------------------|-------|-------|
| | | |

Contact Details of Reporting Individual: _____

Name/Signature of COSCA Receiving Individual: _____ Date: _____

Reminder: Please submit at COSCA the Incident Reporting Form

not later than 3 Days after actual event of incident.

"The earlier conflicts are resolved, the faster we can move on with our lives".