**UNIVERSITY OF LIMERICK**

**CAMPUS SECURITY INCIDENT REPORTING PROTOCOL**

**Objective**

The Campus Security Incident Report Form should be used to record details of serious incidents that occur on the UL campus. Examples of serious incidents include activities that result in significant damage to property, physical assault, theft, riotous behaviour, or any incident that causes serious distress/disruption to others.

A formal mechanism for reporting of incidents is currently used by campus security staff. However, security staff might not have been requested to attend, or alerted to, all serious incidents that occur on campus. The attached form is intended to address this, and it provides a standard procedure for the recording of serious incidents. This process is to be adopted by staff/managers/visitors/members of the public of campus facilities in order to ensure that the University is officially advised, in a timely manner, of all serious incidents that occur on campus.

**Submission**

This form should be completed as soon as possible after the occurrence/serious incident. Completed Campus Security Incident form should be submitted as soon as possible to [**securityincidents@ul.ie**](mailto:securityincidents@ul.ie) **or in person to the Security Control Centre *(building number 15 on the Campus map)*** where it will be logged and circulated to the relevant personnel for information and/or action.

In addition to the above all incidents resulting in accidents involving injury to people or dangerous occurrences (i.e. near misses) should also be reported to the **UL Health and Safety Department**.

**Campus Security Incident Report Form**

#### CONFIDENTIAL

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Security Reference No:** | | |  | | | | |
| **Type of Incident:** | | |  | | | | |
| **Date & Time of Incident:** | | |  | | | | |
| **Date & Time Reported:** | | |  | | | | |
| **Location (Specify Area):** | | |  | | | | |
| **INCIDENT INVOLVING: (Tick box)** | Student |  | | Staff |  | Visitor/Other |  |
| **Contacted: (please tick as appropriate)** | Gardai |  | | Security |  | Medical Personnel (Ambulance etc) |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **GARDA:** | | | | | |
| Called at: | |  | | Arrived at: |  |
| Arrests: | |  | | Gardai Name & Number: |  |
| **FIRE BRIGADE:** | | | | | |
| Called at: |  | | | Arrived at: |  |
| Station: |  | | | Fire Officer Name: |  |
| **AMBULANCE:** | | | | | |
| Called at: | |  | | Arrived at: |  |
| Hospital: | |  | | Driver Name / Ambulance Registration No: |  |
| **Complainant/Injured Party Details** | | | | | |
| Name: | | |  | | |
| Telephone: | | |  | | |
| Date of Birth (DD/MM/YY): | | |  | | |
| Student ID Number: | | |  | | |
| **If you do not wish for this information to be shared with relevant parties, please indicate below (Yes/No)** | | | | | |
| University Management | | |  | An Garda Siochana: |  |

|  |  |
| --- | --- |
| **Particulars of incident and others involved:** | |
|  | |
| Name of Person Sending/completing Report (Print): |  |
| Signature: |  |
| Contact No: |  |
| Date Report Completed: |  |
| Security Officer Name: |  |
| Date and time received: |  |
| **Completed forms should be submit to** [**securityincidents@ul.ie**](mailto:securityincidents@ul.ie) **or in person to the Security Control Centre *(building number 15 on the Campus map)*** | |

|  |  |
| --- | --- |
| **University Use Only Office use only:** | |
| CCTV Available (Yes / No): |  |
| Camera Number: |  |
| CCTV Reviewed (Date and Time): |  |
| Reviewed by: |  |
| Archived File Name: |  |
| Security Officer Name: |  |
| Investigating Officer Name: |  |
| Investigation Conclusion: |  |