THE UNIVERSITY OF VERMONT
EDUCATION AND SOCIAL SERVICES

CESS Incident/Emergency Management
Initial Point of Contact Form, rev. 13 October 2020

CESS Emergency Operation Center Activation
Student Services Office, in consultation with the Dean's Office

Name of person completing form: _____ Title: _____
Phone Number: _____

DATE and TIME Form Started: _____ (m/dd/yyy) _____ (AM/PM)

1. **Who reported the incident?**
   Name: _____ Title: _____
   Phone: _____ Email: _____

   1a. When and where did the reported information originate?
   When: _____ Where: _____

2. **Name the incident (in less than five (5) words)**
   Concise, Clear, Specific: e.g., "Bomb threat at Montpelier High School"
   _____

   a. Provide brief description of incident:
   _____
   _____
   _____
   _____
   _____
   _____
   _____

3. What is the location(s) of the incident or emergency? Circle: *Off Campus/On Campus*

   _____

   a. *Circle* Yes/No If yes, name(s) of CESS members: _____
4. Was there a report of known CESS students, faculty, staff who may be present or displaced?
5. Are there injuries reported? *Circle* Yes/No
6. Are there any fatalities reported? *Circle* Yes/No How many fatalities: _____

7. Additional Reported Information:

   _____
   _____
   _____
   _____
   _____
   _____