Were there any witnesses to the incident?

Yes

No

If yes, attach separate sheet with names, addresses, and phone numbers.

Was the individual injured? If so, describe the injury (laceration, sprain, etc.), the part of body injured, and any other

information known about the resulting injury(ies).









Was medical treatment provided?

Yes

No

Refused





Location of Incident

Time

Police Notified

Yes

No



Description of Incident (what happened, how it happened, factors leading to the event, etc.) Be as specific as possible

(attached additional sheets if necessary)



Individual Submitting Report (print name)

Signature

Date Report Completed

**FOR OFFICE USE ONLY**

Report Received by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



If yes, where was treatment provided:

on site

Urgent Care

Emergency Room

Other

Date of Incident

**REPORTER INFORMATION**

Home Address

Student

Employee

Visitor

Vendor

**Incident Report Form**

Use this form to report accidents, injuries, medical situations, or student behavior incidents. (Incidents involving a crime or

traffic incident should be reported directly to the Campus Public Safety office.) If possible, the report should be completed

within 24 hours of the event. Submit completed forms to the President’s Office.

**INFORMATION ABOUT PERSON INVOLVED IN THE INCIDENT**

Full Name

**INFORMATION ABOUT THE INCIDENT**





Cell

Phone Numbers

Home

Work

**Date**

**Action Taken**

**By Whom**

Document any follow-up action taken after receipt of the incident report.

**FOR OFFICE USE ONLY**