**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:

Home Address

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Employee | | | Student | | Visitor | |  |
|  |  |  |  |  |  |  |  |  |  |
|  | Phone Numbers | Home | |  | Cell |  | Work |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  | |  |  |  |  |  |  |  |
|  | **INFORMATION ABOUT THE INCIDENT** | | |  |  |  |  |  |  |
|  | Date of Incident |  |  | Time | | Police Notified  Yes | | ****No | |
|  | February 24, 2016 | |  | 11:00 am | |  | | |  |
|  | Location of Incident: |  | | | | | | |  |

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 | | | | | |  |
|  | If yes, where was treatment provided: | ****on site | | ****Urgent Care | ****Emergency Room | ****Other | |
|  |  | | | | | |  |
|  |  |  |  |  |  |  |  |
|  | **REPORTER INFORMATION** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | Individual Submitting Report (print name) |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | Signature |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | Date Report Completed: February 24, 2016 |  |  |  |  |  |  |
|  |  |  |  | |  |  |  |
|  |  |  |  | |  |  |  |
|  |  |  | **FOR OFFICE USE ONLY** | |  |  |  |
|  | Report Received by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | Date February 24, 2016 | | |

**FOR OFFICE USE ONLY**

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

|  |  |  |
| --- | --- | --- |
| **Date** | **Action Taken** | **By Whom** |
|  |  |  |
| 2/24/16 | t |  |
|  |  |  |
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