



Use this form to report accidents, injuries, medical situations, or student behavior incidents. If possible, the report should be completed within 24 hours of the event. Submit completed forms and forward to one of these appropriate officials:

Chief HR Officer/Dean of Students/Chief Medical Officer/Facilities Director

Location of Incident	<input type="checkbox"/> Academic Building	<input type="checkbox"/> Medical Center Building	<input type="checkbox"/> Other (Parking Lot/Garage/Driveway etc.)	
Check all that apply	<input type="checkbox"/> Incident	<input type="checkbox"/> Injury	<input type="checkbox"/> Theft	<input type="checkbox"/> Property Destruction
	<input type="checkbox"/> Accident	<input type="checkbox"/> Illness	<input type="checkbox"/> Death	<input type="checkbox"/> Other

Date of Reporting:		Time of Reporting:	
Date of Occurrence:		Time of Occurrence:	
Name of Person Involved:	<input type="checkbox"/> Employee <input type="checkbox"/> Student <input type="checkbox"/> Patient/Visitor		
Home Address:			
Phone Number (best to contact)			
	Police Notified <input type="checkbox"/> Yes <input type="checkbox"/> No	Ambulatory service requested <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please describe in detail incident/injury (what happened, how it happened, factors leading, describe injury, if any) – be as specific as possible, attach additional sheets if necessary.			

Were there any witnesses to the incident: <input type="checkbox"/> Yes <input type="checkbox"/> No	If, yes witness Statement:

What action was taken in response to the incident? Was medical treatment provided? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, where was the treatment provided: <input type="checkbox"/> Onsite <input type="checkbox"/> Other

 Print Name/Signature of Employee, Student, or Visitor Date:

 Print Name/Phone Contact/Signature of Witness Date:

