

PERSON INVOLVED IN THE INCIDENT

Full Name:

Home Address:

Contact Numbers:

Student Employee Visitor Vendor

INCIDENT INFORMATION

Date: Time: Police Notified Yes No

Location of Incident:

Incident Description: *Include details on how the incident happened, factors leading to the event, and what took place. Be as specific as possible.*

Were there witnesses to the incident? Yes No *If yes, please attach a separate sheet with the names, addresses, and phone numbers of the witnesses.*

Was the individual injured? Yes No

Describe the injury, or the body part injured and other important information.

Was medical treatment provided? Yes No Refused treatment

Where was the treatment provided? On site Emergency room Other

REPORTER INFORMATION

Name of Individual submitting the report:

Signature

Date completed:

FOR OFFICIAL USE ONLY

Report received by:

Date:

INCIDENT INFORMATION

| Date | Action Taken | Name |
|----------------------|----------------------|----------------------|
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