

Incident Report

Use this form to report accidents, injuries, medical situations, or student behavior incidents.

Information about the Person Involved			
Full Name:			
Home Address:			
Person's Status	Student <input type="checkbox"/>	Instructor <input type="checkbox"/>	Visitor <input type="checkbox"/>
Phone Numbers	Home:	Work:	Cell:

Information about the incident:				
Date of Incident:		Time of Incident:		
Location of Incident:				
Description of Incident (what happened, how it happened, factors leading to the event, etc.) Be as specific as possible				
Were there any witnesses to the incident?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Please List Witnesses				
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 <input type="checkbox"/>	No <input type="checkbox"/>	Refused <input type="checkbox"/>	
If treatment provided where	On Site <input type="checkbox"/>	Urgent Care <input type="checkbox"/>	ER <input type="checkbox"/>	Other <input type="checkbox"/>

Reporter Information:	
Individual Submitting Report (print name)	
Signature	
Date Report Completed	