



Incident Report

This form is to be completed by a staff member when a student or visitor reports an accident or occurrence. Also, use this form when a staff member witnesses an accident or occurrence.

Name of Student or Visitor _____

Name of Staff Member _____

Date of Occurrence _____

Time of Occurrence _____

Location of Occurrence _____

Describe in detail the nature of the occurrence and any resulting injury. Use back of form if necessary.

Follow-up

If injury, the injured person on campus...

Remained on Campus

Went Home (driven by _____)

Emergency Room Visit

Taken by Ambulance Taken by Staff

Was spouse, parent, or other responsible party notified? _____

1. If equipment or facility was damaged, describe damage and any action taken.

Comments: _____

Employee Signature

Date

Please Return this form to Student Services Specialist