



# INCIDENT REPORT FORM

An incident is defined as any serious illness or actual or threatened personal injury (to include theft) that endangers the safety of any college employee, student, and/or visitor. All sections of this report must be completed. Incomplete reports will be returned to the originator for completion.

## SECTION 1 – DETAILS OF INCIDENT

Date of Incident:	Time of Incident:
Type of Incident: <input type="checkbox"/> Serious Illness <input type="checkbox"/> Actual Personal Injury <input type="checkbox"/> Threatened Personal Injury <input type="checkbox"/> Theft of property	
Location: (Be specific)	

## SECTION 2 – PERSONAL INFORMATION FOR INDIVIDUAL(S) INVOLVED (MAY USE BACK OF FORM) (if applicable)

Name:	
Address:	City:
State:	Zip Code:
Telephone (Home)#:	Telephone (Cell) #:
E-mail Address:	Date of Birth:
Is the individual involved in the incident an: <input type="checkbox"/> Employee <input type="checkbox"/> Student <input type="checkbox"/> Visitor <input type="checkbox"/> Other/Explain <i>(mark all that apply)</i>	

## SECTION 3 – DESCRIBE INCIDENT IN DETAIL (MAY USE BACK OF FORM)


## SECTION 4 – INDIVIDUAL COMPLETING REPORT

Name:	
Address:	City:
State:	Zip Code:
Telephone (Office) #:	Telephone (Cell) #:
E-mail Address:	

## SECTION 5 – INVOLVED INDIVIDUAL’S DECLARATION AND CONSENT

To the best of my knowledge, I confirm the above information is correct. I agree for the above information to be released to safety representatives so far as it relates to the above described incident.	
<b>Signature of Individual(s) Involved:</b>	<b>Date:</b>
<b>Signature of Individual(s) Involved:</b>	<b>Date:</b>
<b>Signature of Individual Completing Report:</b>	<b>Date:</b>