

**UNIVERSITY OF NORTH FLORIDA
RECREATION
INCIDENT REPORT FORM**

Patron Name: _____ Age: _____

N#: _____

Parent/Guardian's Name: _____
(if patron under 18)

Address: _____

City, State, Zip: _____

Phone Number: _____ Affiliation: _____

Date & Time of Incident: _____

**Detailed Description
of the Incident:**

**Care Provided:
(and by whom)**

Was patron advised to seek professional medical attention? ____ Yes ____ No ____ N/A

Witnesses to Incident: *Witness statement on back:* ____ Yes ____ N/A

1. Name _____ Affiliation: _____

Phone & Address: _____

2. Name _____ Affiliation: _____

Phone & Address: _____

Campus police notified? ____ Yes ____ No

Employee Signature _____ **Date** _____

Manager Signature _____ **Date** _____

Witness Statement

Witness statement is to be recorded by a Recreation staff member. Be sure to encourage the witness to only report the facts that they observed and to refrain from any speculations or opinions.

Witness #1

What did you see / what happened?

Witness #2

What did you see / what happened?