

INCIDENT REPORT FORM

Instructions:

Please complete the following information within 48 hours of **any** incident involving injury to or affecting the health or safety of a participant. If there are any witnesses involved, please obtain a statement from each individual indicating his/her recollection of the incident. Upon completion of this form, please forward a copy to the Director of the Department of Student Activities at MS 1236.

Date: _____

Program Name: _____

Counselor/Reporting Party: _____ Phone Number: _____

Date of Incident: _____ Time of Incident: _____

Location of Incident: _____

Injured/Involved Parties: _____

Address: _____

Parent/Guardian Name: _____ Phone Number: _____

Injured/Involved Parties: _____

Address: _____

Parent/Guardian Name: _____ Phone Number: _____

Description of Incident: _____

Did University Police Respond? Yes No

If Yes: Officer Responding _____ Incident Report # : _____

Did Anyone Receive Medical Attention? Yes No

If Yes: Where _____

Transport Provided By _____

Witness(es): *Please note the name and contact information for any witnesses to the incident*

Name: _____ Phone Number: _____

Address: _____

Name: _____ Phone Number: _____

Address: _____

SIGNATURES:

Sponsor _____ Date: _____

Department Head _____ Date: _____

State law requires you be informed of the following: (1) you are entitled to request to be informed about the information about yourself collected by use of this form (with a few exceptions as provided by law); (2) you are entitled to receive and review that information; and (3) you are entitled to have the information corrected at no charge to you.