

RIVER PARISHES COMMUNITY COLLEGE

925 W Edenborne Parkway

Gonzales, LA 70737

225-743-8500

CAMPUS STUDENT/EMPLOYEE INCIDENT REPORT FORM

Instructions:

- 1. This form is to be completed for any injury, incident or unusual occurrence a student or employee on the River Parishes Community College premises.
2. Obtain form from their instructor or nearest college administrator as soon as possible after incident.
3. Complete Sections I-III and return form to college administrator.
4. Instructor or college administrator should complete Section IV and submit form to the Business Office.
5. Business Office will complete Section VI.

I. STUDENT/EMPLOYEE

Form with fields: Full Name, LOLA ID, Contact Number

II. STUDENT/EMPLOYEE

Form with fields: Name of report (check one): injury, incident, unusual occurrence; Place of incident; Date of incident

III. STUDENT/EMPLOYEE

Form with text: Describe injury, incident or unusual occurrence clearly and concisely, mentioning contributing factors (use the back of this form if more space is needed); Student signature; Date

Form with text: I have received this form from the above named student/employee; Signature; Title; Date

V. SUBMIT THIS FORM TO THE BUSINESS OFFICE AS SOON AS POSSIBLE.

VI. BUSINESS OFFICE

Form with text: Action taken regarding above incident; Signature; Date