

PLEASE TYPE

OFFICE OF RISK MANAGEMENT
INCIDENT REPORT FORM

Name of Injured Person (include affiliation, student, visitor, etc.): _____

Address & Phone Number: _____

Date & Time of Incident: _____

Location of Incident: _____

Nature of Incident: _____

(USE REVERSE SIDE IF NECESSARY)

WAS PUBLIC SAFETY/SECURITY/POLICE NOTIFIED? _____ DATE: _____

NAME & BADGE # OF OFFICER: _____

PERSON REPORTING INCIDENT & CONTACT PERSON:

NAME: _____ TITLE: _____

DEPARTMENT: _____

CAMPUS ADDRESS & PHONE#: _____

WITNESS(ES) (IF APPLICABLE)

NAME: _____

ADDRESS: _____

TELEPHONE #: _____

DESCRIPTION OF INJURY: _____

Emergency Treatment: yes___ no___, if so, where: _____

SIGNATURE OF PERSON REPORTING INCIDENT

DATE

Please return this form to:

Office of Risk Management

3451 Walnut St., rm 421

Phone: (215) 898-4327

Fax: (215) 898-9802