

OFFICE OF RISK MANAGEMENT
INCIDENT REPORT FORM -- PROPERTY DAMAGE

DATE & TIME OF INCIDENT: _____

LOCATION OF INCIDENT: _____

NATURE OF INCIDENT: _____

(USE REVERSE SIDE IF NECESSARY)

WAS PUBLIC SAFETY/SECURITY NOTIFIED? _____ DATE: _____

NAME & BADGE # OF OFFICER: _____

PERSON REPORTING INCIDENT:

NAME: _____ TITLE: _____

DEPARTMENT: _____

CAMPUS ADDRESS & PHONE#: _____

CONTACT PERSON: _____

CAMPUS ADDRESS & PHONE#: _____

WITNESS(ES) (IF APPLICABLE)

NAME: _____

ADDRESS: _____

TELEPHONE #: _____

IDENTIFY LOSS TO PROPERTY AS:

HOSPITAL/MEDICAL CENTER ____ UNIVERSITY ____ GOVERNMENT ____

CCA/CPUP ____ PERSONAL ____

DESCRIPTION OF STOLEN/DAMAGED ITEMS: _____

SIGNATURE OF PERSON REPORTING INCIDENT DATE

Please return this form to:

Office of Risk Management
3451 Walnut St., rm 421
Philadelphia, PA 19104

Phone: (215)898-4327
Fax: (215)898-9802