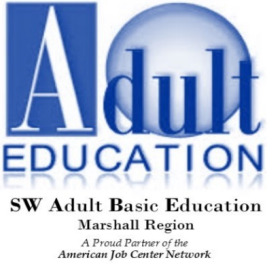


Incident/Accident Report Form



Student/Employee: _____

Date and Time of Incident/Accident: _____

Incident/Accident Location: _____

Signature: _____

(if more than one student/employee was injured or involved, a separate form must be completed for each person)

Personal Information

Address: _____

City _____ ST _____ Zip _____

Phone: _____

Date of Birth: _____ Gender: _____

Incident/Accident Description and Actions Taken

Was Medical attention required: _____

Hospital: _____ Doctor: _____

Was Law Enforcement involved: _____ Officer: _____

Witnesses or others involved: List names and contact information on other side

Is Student a WorkForce client: _____ Counselor: _____

Person Preparing Report: _____

Title: _____ Date: _____

Signature: _____

Additional Information

- Documentation should be completed within 24 of the incident/accident.
- Use first and last names of everyone involved. Check spelling.
- Use LEGAL names, not nicknames.
- Provide as many details as possible. If you choose, you may type description and attach it to the form.