



Accident / Injury Report

Today's Date _____

CLAIMANT INFORMATION

Choose One Student _____ Employee _____ Campus Guest _____

Name _____

Address _____

City, State, Zip _____

Phone Number (____) _____ Email _____

INCIDENT DESCRIPTION

Date and Time of Incident: _____

Campus (choose one) SCC _____ CPC _____ PRC _____ CYC _____ CHEC _____

Specific Location of Incident (building, room #) _____

Detail of Incident (Please answer the following questions in your narrative: Who was involved; What, When, Where and how it happened. Include name of witnesses with contact information.)



[Empty rectangular box for notes or observations]

Treatment:

First Aid given? Yes No If yes, explain _____

Treatment by Medical clinic/hospital/paramedic? Yes No

If yes, name? _____

Report was completed by (please print) _____

Phone Number (_____) _____ Email _____

Signature _____ Date _____

[Empty rectangular box]