

UW-Platteville
University Centers
Incident Report

Accident Fire Fight Theft Other _____

Date of incident: _____ Time of incident: _____ AM PM
Day of incident: Su M T W Th F Sa

Location: _____

Full name of person(s) involved in incident: _____
(Please use space on back if more room is needed)

Address/City/State/Zip: _____

Home phone: (_____) _____ - _____ Alternate phone: (_____) _____ - _____

Status: Faculty Staff Student Guest Other: _____

Name of witnesses, with phone numbers: _____

Was an external agency called? (911, Campus Police, etc) No Yes

Name of person calling: _____

Description of the Incident *Use back of form if additional space is needed.*

Describe what the person(s) involved were doing when the incident happened:

Describe the injuries or damages, if any:

Describe any first aid/medical assistance that was given, and by whom:

Describe any hazardous conditions that may have contributed to the incident:

Report filed by: _____ Area: _____ Extension: _____

Date report completed: _____ Time report completed: _____ AM PM

Employee injuries require a workers compensation form be completed as well.

Give completed report to the Building Manger for distribution/routing.

Routing: Asst. Dir. Director Other **Copy:** Risk Management Human Resources Other