

Springfield College Incident Report Form

Please complete all information.

Last Name _____ First Name _____

Social Security No. _____ Date of Birth _____

Springfield College Information

Employee Student Other
 Male Female

Residence Hall/Department _____

Title/Occupation _____

Phone Extension _____ PO Box _____

Home Address

Street _____

City _____ State _____ Zip _____

Phone (_____) _____

Incident Information

Date of Incident _____ Time _____ am pm

Was there a witness? Yes No Name _____ Phone (_____) _____ ext. _____

Where on campus did the Incident take place? (please be specific) _____

What part of the body was injured? (right ankle, left elbow, etc.) _____

What was the nature of the injury? (Describe the injury, such as bruise, burn, strain, etc.) _____

What was the source of the injury? (Describe the object, equipment, wet floor, etc. that caused the injury) _____

Describe what happened (who was involved, when, where, how, why) _____

Person preparing form (if not the injured party):

Name _____ Title _____ Ext. _____

Date prepared _____