

# Humphreys University

## Campus Incident Report

|   |                       |  |
|---|-----------------------|--|
| Date of Incident:   | Incident Reported By: | Incident First Reported To:                        |
| Type of Incident:   | Time of Incident:     | Date & Time Administration Notified:               |
| Location of Incident (Specify campus, department, room number, site):   |                       |  |
| Were Federal, State or City Government Agencies Notified: No ____ Yes ____<br>If so, which one? List name, contact person and phone number.   |                       |  |
| Date and Time Agencies Were Notified:   |                       |  |
| Who Contacted the Agencies Regarding this Incident: Give a name/title.  |                       |  |
| Agency Response (Ex. Took report over phone, will come to campus, etc.):  |                       |  |
| Were there any witnesses to this accident? No ____ Yes ____ . If so, give name, address and phone number.   |                       |  |
| Give Details of Incident ( Please be very specific. List any equipment, tools or other objects involved. If extra space is needed please write the additional information on the back of this sheet.) |                       |  |
| <b>MEDICAL:</b> Were there any injuries? Yes ____ No ____   |                       | Was medical care provided on-site? If so, by whom? |
|   |                       | If hospitalized give hospital name and address:    |
| Give Details of Injury and Physical Condition:  |                       |  |
| Signature of Person Completing This Form:<br>Printed name and title of person completing this form:   |                       |  |
| <b>Office Use Only:</b>   |                       |  |

