

CALUMET COLLEGE OF ST. JOSEPH

INCIDENT/ACCIDENT REPORT FORM

Use this form to report accidents, injuries, thefts, medical situations or student behavior problems. If possible, the report should be completed within 24 hours of the event. Submit completed forms to the Vice President for Business, Facilities and Finance (via email or drop in mailbox in Library).

INFORMATION ABOUT THE PERSON INVOLVED IN THE INCIDENT	
Full Name	
Home Address	
<input type="checkbox"/> Student <input type="checkbox"/> Employee <input type="checkbox"/> Visitor <input type="checkbox"/> Vendor <input type="checkbox"/> Other (Explain) _____	
Phone Number:	

INFORMATION ABOUT THE INCIDENT		
Date of Incident	Time	Police Notified <input type="checkbox"/> Yes <input type="checkbox"/> No
Location of Incident		
Description of Incident (what happened, how it happened, factors leading to the event, etc.) Be as specific as possible (attach additional sheets if necessary)		
Were there any witnesses to the incident? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach a separate sheet with names, addresses, and phone numbers.		
Was anyone injured as a result of this incident? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, describe the injury (laceration, sprain, etc.) the part of body injured, and any other information known about the resulting injury (ies).		
Was medical treatment provided? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused If yes, where was treatment provided: <input type="checkbox"/> On site <input type="checkbox"/> Urgent Care <input type="checkbox"/> Emergency Room <input type="checkbox"/> Other If other, please explain:		

REPORTER INFORMATION
Individual submitting report (print name)
Relationship: <input type="checkbox"/> Claimant <input type="checkbox"/> Witness <input type="checkbox"/> CCSJ Representative _____
Signature
Date Report Completed

Report Received by: _____ Date: _____

Document, and attach copies of any follow-up action taken after receipt of the incident report.