

### INCIDENT REPORT FORM

**THIS FORM MUST BE SUBMITTED WITHIN 24 HOURS OF INCIDENT**

#### Personal Information

Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home Telephone Number: \_\_\_\_\_

Select one of the following:  Student  Faculty/Staff  Visitor  Other: \_\_\_\_\_

#### Incident Details

Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_  PM  AM

Exact location of Incident: \_\_\_\_\_

Type of Incident:  Event  Transportation  Alcohol  Physical Activity  Other

Person(s) involved: \_\_\_\_\_

Incident Details: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Witness # 1 – Name and Phone Number: \_\_\_\_\_

Witness # 2 – Name and Phone Number: \_\_\_\_\_

Nature of injury/incident (eg: cut left finger): \_\_\_\_\_

Was first aid treatment required?  Yes  No If yes, who rendered first aid? \_\_\_\_\_

Was Campus Special Constable Services contacted?  Yes  No

Medical Aid:  Accepted  Declined

Signature (if medical aid is declined): \_\_\_\_\_

Person Reporting: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Follow Up: Who: \_\_\_\_\_

Notes: \_\_\_\_\_

**Submit Form To:** Insurance Officer at [lisa.ambedian@uwindsor.ca](mailto:lisa.ambedian@uwindsor.ca).