

INCIDENT REPORT FORM

THIS FORM MUST BE SUBMITTED WITHIN 24 HOURS OF INCIDENT

Personal Information

Name: _____

Current Address: _____

Home Address: _____

Sex: ☐ Male ☐ Female

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 Police 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, Risk Management & FIPPA Officer - Julie Laforet (jlaforet@uwindsor.ca)
If you have any questions while completing the form, please contact Julie at ext. 2080