

# THE UNIVERSITY OF ALABAMA AT BIRMINGHAM

## INCIDENT REPORT FORM

(Incidents involving employees, students, visitors)

This is a confidential report and should not be made a part of an employee's personnel record. It is completed to allow us to obtain advice from legal counsel and for the protection of the university and its employees from potential liability.

\*\*\*\*\* PLEASE PRINT LEGIBLY \*\*\*\*\*

### INFORMATION ABOUT THE PERSON INVOLVED IN THE INCIDENT:

Full Name:		Last 4 SSN#:	
Home Address:			Gender:    M    F
<b>Employee:</b> Full-time    Part-time    Permanent    Temporary    .....	<b>Student:</b> SOM    SON    SOD    Other		<b>Visitor:</b>
Date of Birth:	Home phone:	Campus Phone:	
Campus address:			
Job Title:		Supervisor:	

### INFORMATION ABOUT THE INCIDENT:

Date of Incident:	Time:	Police notified:    Yes    No    Case #:
Location of Incident:		
Describe what happened, how it happened, factors leading to the event, substances or objects involved. <b>Be as specific as possible</b> (attach separate sheet if necessary):		
Were there any witnesses to the incident?    Yes    No If yes, attach separate sheet with names, addresses and phone numbers, or campus depts and phone.		
Was the individual injured? If so, describe the injury (laceration, sprain, etc.), the part of body injured and any other information known about the resulting injury(s):		
Was medical treatment provided?    Yes    No    Refused If so, where :    Emerg. Rm.    The Workplace    Walk In Clinic    Other:		
Will the employee miss time from work as a result of this incident?    Yes    No    Unknown		

### REPORTER INFORMATION

Print Name of Reporter:	
Reporter Signature	Title:
Date Report Completed:	

**EMPLOYEE REPORTS:** Send to HRM | AB 215.    **VISITOR/STUDENT** to Risk Management 500 Bldg Suite 504.