

THE UNIVERSITY OF ALABAMA AT BIRMINGHAM

<h2 style="margin: 0;">INCIDENT REPORT FORM</h2> <p style="margin: 0;">(Incidents involving employees, students, visitors)</p>
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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 it's employees from potential liability.

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

INFORMATION ABOUT THE PERSON INVOLVED IN THE INCIDENT:			
Full Name:		Social Sec.#:	
Home Address:			Gender: M F
Employee: Full-time Part-time Permanent Temporary		Student: SOM SON SOD Other Visitor:	
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. Be as specific as possible (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:	