

The University of Alabama at Birmingham INCIDENT REPORT FORM

(for incidents involving students and visitors only)

This report is considered confidential and completed to allow UAB to investigate for quality assurance and safety purposes and/or to obtain advice from legal counsel for the liability protection of the university and its employees. *Please print legibly.*

INFORMATION ABOUT THE PERSON INVOLVED IN THE INCIDENT:			
Full Name:		Last 4 SSN#:	
Home Address:		Gender:	M F
Student:	SOM SON SOD Other	Date of Birth:	
Visitor:	Email:		
	Phone:		

INFORMATION ABOUT THE INCIDENT:			
Date of Incident:	Time:	Police Notified? Y N	Case #:
Location of Incident:			
Describe what happened, how it happened, factors leading to the event, substances or objects involved – be as specific as possible: <i>(Attach separate sheet if necessary).</i>			
Were there any witnesses to the incident? Y N <i>If yes, attach separate sheet with names, addresses and phone numbers, or campus departments and phone numbers.</i>			
Was the individual injured? If so, describe the injury (laceration, sprain, etc.), part of body injured, any other info known about the resulting injury:			
Was medical treatment provided? Y N Refused			
If so, where? Emergency Room Student Health Walk-In Clinic Other:			

REPORTER INFORMATION:	
Print Name of Reporter:	Title:
	Date Report Completed:

Print and submit to Risk Management at UABRisk@uabmc.edu, or click 'SUBMIT' below.

PRINT

SUBMIT

RESET FORM