

BLUE MOUNTAIN COMMUNITY COLLEGE INCIDENT REPORT FORM

To be completed by College staff or any person directly involved, injured or witnessing an incident. Sections 1, 2, and 7 must be completed for all incidents. Section 3, 4, 5 and 6 should only be filled out if these sections are appropriate to the incident.

COMPLETED FORMS SHOULD BE DELIVERED TO THE HUMAN RESOURCES DEPARTMENT IMMEDIATELY – Morrow Hall Room 124

SECTION 1:

Date of incident: _____ Time of incident: _____ (AM:PM)

Location of incident: _____

Name of person reporting incident: _____

Home address: _____

Campus Phone: _____ Home Phone: _____

SECTION 2:

Describe the incident in detail (Use Backside or additional paper if more room is needed)

SECTION 3: (To be completed if an injury occurred)

Name of injured party: _____

Home address: _____

Campus Phone: _____ Home Phone: _____

Employee? _____ Yes _____ No _____

Enrolled Student? _____ Yes _____ No _____

Accident Occurred during: _____ Employment _____ Class _____ Field Trip _____

Other (Please Describe) _____

