



Lawrence Technological University

IFC

Incident Report Form

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

INFORMATION ABOUT THE PERSON INVOLVED IN THE INCIDENT:

Full Name:	Student ID #:
Address:	Gender: M F
Phone #:	Age:
Circle: Student Visitor	
Organization:	

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 sheets if necessary):		
Were there any witnesses to the incident? Yes No If yes, attach a separate sheet with names, addresses and phone numbers.		
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)?		
Were the police called? Yes No Explain: _____ Was medical treatment provided? Yes No Refused If so, where (circle): Emerg. Rm. At event Walk in Clinic Other:		
Will the person miss time from school/work as a result of this incident? Yes No Unknown		

REPORTER INFORMATION:

Print Name:	Date:
Reporter Signature	Title (if applied):



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