

General Liability Incident Form

Complete as much information as possible and **submit within 12 hours**

SECTION 1: Injured Party

Name: _____ Phone: _____

Address: _____ Email: _____

Description of Injury: _____

Was medical attention offered? Yes/No ____ Requested? Yes/No ____

Describe what happened (ambulance, hospital, etc.): _____

Witness Names: _____

SECTION 2: Incident Information

Incident Date: _____ Incident Time: _____ am/pm: ____

Location (address) incident Occurred: _____

Additional (Building, Room, Area): _____

Description of the incident (describe what happened before, during, and after incident): ____

Witness Name: _____ Phone: _____

Address: _____ Email: _____

SECTION 4: Property Damage

Was Property Damaged? Yes/No ____

Owner name: _____ Phone: _____

Owner address: _____ Email: _____

Description of Property Damage: _____

SECTION 5: Person Completing Form

Name: _____ Phone: _____

Email: _____

Date completed: _____ Date Sponsoring Institution notified: _____ Email/Phone _____

Parent/Legal Guardian notified? Yes/No ____ Date: _____ am/pm: ____ Email/Phone _____