

INCIDENT REPORT FORM

Submit the Incident Report Form to the CSA Office the morning following the incident.

The SRM Coordinator will make a copy for the file, and submit the second copy to the University Risk and Insurance Manager.

Date: _____

Time: _____

Event Description: (Student Group) _____
(College) _____
(Type of event) _____

Student's Name: _____

Contact Information: _____

Age: _____

Sex: M() F()

Full description of all events prior to and including the incident:
(Specify injuries, weather, surroundings)

Response to the incident:

Additional comments:

Names and contact information of Witnesses:

Student's Signature (if possible): _____

Primary Organiser _____

Date: _____