

Jacksonville University Incident Reporting Form

First Name: _____ Last Name: _____

JU ID#: _____ Sex: _____ Age: _____

Address: _____

Contact Number or Email: _____

Date of Incident: _____ Time of Incident: _____

Location of Incident: _____

Did the incident involve property damage? _____

If so, what: _____

Was a motor vehicle involved in this incident: _____

If so, what: _____

Do you require medical attention? _____

If so, who treated you: _____

Describe, step-by-step, how the incident occurred:

What would you recommend to prevent this accident from reoccurring:

Witnesses of Incident: _____

Employee's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

Routing / Distribution

Copies of this Incident Report must be sent immediately to the following **Chief Financial Officer**, Appropriate Supervisor (if incident involves staff or employee), Chief Academic Officer (if incident occurred in classroom or involves faculty), and Director of Human Resources (if incident is Worker's Compensation claim).