

FORM D

UNIVERSITY OF NORTH ALABAMA
INCIDENT REPORT

DIRECTIONS: This form is to be completed in ink by supervisors or cost center heads for accidents or incidents involving injury or potential injury to students or visitors on campus or during University-related activities. Complete this form immediately after an incident or accident and deliver it to the Vice President for Student Affairs within twenty-four (24) hours. The Vice President for Student Affairs will distribute copies as deemed appropriate.

GENERAL STUDENT/VISITOR INFORMATION:Injured Person is: (Check one) ☐ Student ☐ Visitor

Name: _____ Social Security No: _____

Name of parent/guardian/spouse _____ Telephone No: _____

UNA Box _____ Academic Classification: _____ Age: _____

Local Address: _____ Telephone: _____

INCIDENT INFORMATION:

Date of Incident or Accident: _____ Time: _____

Location of Incident or Accident: _____

Name and phone No. of witnesses to the incident or accident:

1. _____ 3. _____

2. _____ 4. _____

Describe what happened:

Nature of any injury (cut, puncture, burns, etc.) _____

Location of injury (body part, left or right) _____

Did the victim go to the UNA Health Center? ☐ YES ☐ NODid the victim go to a physician/medical facility? ☐ YES ☐ NO

Name of treating physician: _____

Name of medical facility: _____

Treatment: _____

Was the victim admitted to the hospital? ☐ YES ☐ NO

If yes, date of admission: _____

 Signature of Supervisor/Cost Head
reporting incident or accident

 Date