

*Do not use this form to report employee injuries.
Email or fax this form to Risk Management within 48 hours of the incident.*

Name: _____ Date of Birth: _____ Age: _____
Status: Student Visitor Volunteer Sex: Male Female
Home Address: _____ School or Company: _____
City: _____ State/Zip: _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____ Email Address: _____

Location of Incident: _____ Campus: North South
Time and Date of Incident: _____ Was DPS contacted? Yes No
If Applicable - SLU Course Instructor: _____

1. How did the incident occur? (explain in detail)

2. What activity was being done at the time of the incident?

3. Did the incident lead to an injury? Be specific? _____ Was medical treatment needed? Yes No

Witness's Information

Name: _____ Daytime Phone: _____
Address: _____ City/State/Zip _____
Witness's account of event:

Signature: _____ Position: _____ Date: _____

Report Filer's Information

Name: _____ Daytime Phone: _____
Address: _____ City/State/Zip _____
Report Filer's account of event:

Signature: _____ Position: _____ Date: _____