Misericordia University Social Work Department

Incident Report Form

General Information		
Claimant Name:	**Phone (with area code):**	**Phone (with area code):**
Home Address:		
City:	**State:**	**Zip Code:**
Date of Incident	**Time of Incident:**	**Location of Incident:**

Full description of the event and actions taken:

Witnesses		
Name:	**Full Mailing Address:**	**Phone (with area code):**
Name:	**Full Mailing Address:**	**Phone (with area code):**
Name:	**Full Mailing Address:**	**Phone (with area code):**

Injuries/Property Damage	
Injuries: Yes / No	**If yes, explain:**
Property Damage: Yes / No	**If yes, explain:**

Reporting Information		
Name of Incident Reporter:	**Signature:**	**Date:**
Internal Recipient of Report:		
External Recipient of Report:		

Incident Report Review

Reviewer Information		
Reviewer Name(s) / Title(s):		**Date:**

If Applicable, Additional Report details (ex. photos / diagrams/attach separate sheet if necessary):

Possible Factors Contributing to Incident:

Should Additional Actions Be Taken To Prevent Similar Incidents In The Future? If Yes, What Actions Are Recommended?:

Follow Up / Corrective Actions	Responsible Party	Est Completion Date	☑ Complete

Comments:			
Supervisor/Investigator:		**Signature:**	**Date:**
Investigator # 2 (PRN)		**Signature:**	**Date:**
Investigator # 3 (PRN)		**Signature:**	Date: