



INCIDENT REPORT (For Non-Employee Incidents)

(Please check incident type) (For employees use First Report of Injury Form)

<input type="checkbox"/> <b>INJURY</b> Student/Volunteer/Parent/other	<input type="checkbox"/> <b>SECURITY</b> Theft, Trespassing, Break-ins, etc.	<input type="checkbox"/> <b>BEHAVIORAL</b> Disruptive, Confrontational, Unusual	<input type="checkbox"/> <b>PROPERTY CLAIM</b> i.e. Defective/Broken Equipment
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LOCATION AND CONTACT INFORMATION

Name of Person filling out the report: _____	<b>Contact Information:</b>
<b>Please Check Which SLP Site</b>	Phone: _____
<input type="checkbox"/> HS <input type="checkbox"/> MS <input type="checkbox"/> AQ <input type="checkbox"/> PH <input type="checkbox"/> PSI <input type="checkbox"/> SL <input type="checkbox"/> Central <input type="checkbox"/> Lennox	Email: _____

INCIDENT INFORMATION

Date and Time of Accident/Incident/Loss	Location of Incident & Department
Description of Accident/Incident/Loss	
Root Cause of Accident/Incident/Loss	

INJURED PERSON INFORMATION

Name of Injured Person (print)	Please Check Party Type: <input type="checkbox"/> Volunteer <input type="checkbox"/> Visitor <input type="checkbox"/> Client <input type="checkbox"/> Program Participant <input type="checkbox"/> Student (copy to Health Office) <input type="checkbox"/> Staff (if staff injury, use 1 <sup>st</sup> Report of Injury Form instead)	<b>IF APPLICABLE</b>
		<b>First Response Team Called</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
Address		<b>Medical Attention</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
Telephone		<b>Description of Perpetrator/ Information on Responsible Party:</b>
<b>Corrective Action:</b>		
<b>Witness Name:</b>	<b>Witness 2 (if applicable) Name:</b>	<b>Insurance Information/Agent of Responsible Party:</b>
<b>Phone:</b>	<b>Phone:</b>	
<b>Follow Up Action</b>	<b>Reviewed By/Date</b>	<b>Police/Fire Dept: Officer: Case Number:</b>

GIVE THE COMPLETED FORM TO THE BUILDING MANAGER AT THIS LOCATION AND FAX A COPY TO THE SLP FACILITIES MANAGER at 952-928-6020. For Student injuries, the Health Office must also get and keep a copy.