

# INCIDENT REPORT FORM

**TYPE OF INCIDENT (INJURY/PROPERTY DAMAGE)** \_\_\_\_\_

OCCURRED ON: DATE \_\_\_ / \_\_\_ / \_\_\_ TIME \_\_\_\_\_

REPORTED ON: DATE \_\_\_ / \_\_\_ / \_\_\_ TIME \_\_\_\_\_

**LOCATION:(Specify Area)** \_\_\_\_\_

If human injury was involved:

**STUDENT**  **STAFF/FACULTY**  **OTHER**

## Complainant Details

## Victim Details

Name: _____	Name _____
Address: _____	Address: _____
_____	_____
_____	_____
Tel: _____	Tel: _____

Particulars of Incident:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WAS ANYONE CONTACTED?

WPI POLICE Yes No Date \_\_\_ / \_\_\_ / \_\_\_

WORCESTER POLICE Yes No Date \_\_\_ / \_\_\_ / \_\_\_

WORCESTER FIRE Yes No Date \_\_\_ / \_\_\_ / \_\_\_

MEDICAL PERSONNEL Yes No Date \_\_\_ / \_\_\_ / \_\_\_

Name of Person Sending Report \_\_\_\_\_

Signature \_\_\_\_\_

Contact Number \_\_\_\_\_

Date \_\_\_\_\_