

# BLUE MOUNTAIN COMMUNITY COLLEGE INCIDENT REPORT FORM

To be completed by College staff or any person directly involved, injured or witnessing an incident. Sections 1, 2, and 7 must be completed for all incidents. Section 3, 4, 5 and 6 should only be filled out if these sections are appropriate to the incident.

**COMPLETED FORMS SHOULD BE DELIVERED TO THE HUMAN RESOURCES DEPARTMENT IMMEDIATELY – Morrow Hall Rooms 215-218**

**SECTION 1:**

Date of incident: \_\_\_\_\_ Time of incident: \_\_\_\_\_ (AM:PM)

Location of incident: \_\_\_\_\_  
\_\_\_\_\_

Name of person reporting incident: \_\_\_\_\_

Home address: \_\_\_\_\_

Campus Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**SECTION 2:**

Describe the incident in detail (Use Backside or additional paper if more room is needed)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION 3: (To be completed if an injury occurred)**

Name of injured party: \_\_\_\_\_

Home address: \_\_\_\_\_

Campus Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Employee? Yes No

Enrolled Student? Yes No

Accident Occurred during: Employment Class Field Trip

Other (Please Describe) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



