

Incident Report Form

Use this form to report accidents, medical situations, or student behavior incidents. If possible, the report should be completed within 24 hours of the event. Submit completed forms to the President at the chapter office.

INFORMATION ABOUT THE PERSON INVOLVED IN THE INCIDENT

Full Name _____

Home Address _____

Phone Number: Home _____ Cell _____ Work _____

(Circle One) Member Visitor Student:

Chaperone Name _____ School _____

INFORMATION ABOUT THE INCIDENT

Date of Incident _____ Time _____ Police Notified? Y/N Ambulance? Y/N

Location of Incident: _____

Description of Incident (what happened, how it happened, factors leading to the event. Be as specific as possible. Attach additional sheets, if necessary.

Were there any witnesses to the incident? Y/N

If yes, attach separate sheet with names, addresses and phone numbers.

Was the individual injured? If so, describe the injury (laceration, sprain, etc.), part of the body injured and any other information known about the resulting injury.

Was medical treatment provided at the site of the incident? (Circle One) Yes No Refused

If yes, what treatment was provided at the incident location?

REPORTER INFORMATION

Individual Submitting Report (print name) _____

Signature: _____ Date Completed: _____

ALI Crisis Management Committee member contacted: _____

FOR OFFICE USE ONLY

Report Received by _____ Date filed at Chapter Office _____