

**SOUTHERN WEST VIRGINIA COMMUNITY AND TECHNICAL COLLEGE
BOARD OF GOVERNORS
SCP-1375.B**

Accident/Incident Report Form

Date of Accident/Incident/Complaint

Date: _____ Day of Week: _____ Time: _____ AM or PM

Location of Accident/Incident/Complaint

Campus: _____ Building: _____ Room: _____ Other: _____
Interior / Exterior Hallway/Sidewalk/Parking Lot

Event Type: ___ Accident ___ Incident ___ Health Issue ___ Other

Other: (explain) _____

Narrative: _____

(attach additional sheets if necessary)

Victim/Complaint

Name: _____ College ID Number: _____
Home Address: _____
Phone Number: _____ Email: _____
Date of Birth: _____ ___ Student ___ Visitor ___ Faculty ___ Staff ___ Other: _____

Respondent/Defendant

Name: _____ College ID Number: _____
Home Address: _____
Phone Number: _____ Email: _____
Date of Birth: _____ ___ Student ___ Visitor ___ Faculty ___ Staff ___ Other

Additional Information

Emergency Personnel Called? ___ Yes ___ No If yes, who? _____
Transported to Medical Facility? ___ Yes ___ No If yes, by whom?: _____
Did they refuse treatment? ___ Yes ___ No

Report completed by:

Signature: _____ Print Name: _____
Date of Report: _____ Title: _____

Note: Employees injured on job contact Encova within 24 hours at (304) 941-1000