

**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/Complainant or Injured Party

Name: _____ College ID Number: _____

Home Address: _____

Phone Number: _____ Email: _____

Date of Birth: _____ ___Student ___Visitor ___Faculty ___Staff ___Other: _____

Respondent/Defendant or Reporting Party

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: Human Resources must report all accidents/incidents to Encova within 24 hours of incident.