

**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: ~~Employees injured on job contact~~ Human Resources must report all accidents/incidents to Encova within 24 hours ~~at~~

| ~~(304) 941-1000~~ of incident.

| SCP-1375.B, *Accident/Incident Report Form* (Revised ~~06/2020~~ 11/2025)

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