THE UNIVERSITY OF TENNESSEE
INCIDENT REPORT

Office of Campus Safety
3 N. Dunlap Street, S206
Memphis, TN 38163

Phone: (901) 448-6114
Fax: (901) 448-7774
Email: labsafety@uthsc.edu
Website: https://www.uthsc.edu/campus-safety

Date of Report

Claim #

Name:		Relationship to UT:		Employee ID#:
Home Address:	Street:	City:	State:	Zip Code:
Email Address:			Telephone Number:	
Witness:				
Name:	Telephone Number:	Email Address:	Relationship to UT:	

Incident Report

Campus or Facility of Incident:	Date of Incident:	Time of Incident:
Exact Location of Incident: Bldg. Name: _____ Room #: _____ Address: _____	Type of Incident: ☐ Injury ☐ Unsafe Conditions ☐ Property ☐ Other (Explain) ☐ Security _____	
_____ Police Department Contacted (UT PD)	If yes, accident report #: _____	
Description of Incident (Use separate page if necessary):		
Property Damaged (Description of Damage):		
Nature of Injury or Illness (Fracture, Cut, Allergic Reactions, etc.): Body Part Affected: _____		
Medical Treatment Required: ☐ No ☐ Yes – First Aid Only ☐ Yes – Doctor/Clinic ☐ Yes – Emergency Room		
Where Treated:	Date of First Treatment:	
Type of Medical Treatment: ☐ Hospitalization ☐ Fracture ☐ Suture ☐ Referred for further treatment ☐ Prescription Medication ☐ Foreign Body Removal ☐ Rigid Splint or Cast ☐ ~~Other Medical Treatment~~ (List)		
Time lost from work beyond day of accident: ☐ Yes ☐ No	Released to Return to Work: ☐ No ☐ At Full Duty ☐ Follow-up Visit to be Scheduled ☐ Yes: ☐ With Restrictions	

Supervisor's Comments

Could this incident have been prevented? If so, how?	
Name:	Email Address:

COMPLETING THIS FORM IS FOR INFORMATIONAL PURPOSES ONLY AND DOES NOT MEAN A CLAIM HAS BEEN FILED. TO FILE A CLAIM, CONTACT THE UT OFFICE OF RISK MANAGEMENT AT 865-974-5409. THANK YOU.

Person Injured or Person who sustained damages:	Supervisor or Person completing report:
Signature: _____	Signature: _____