

# ROOSEVELT UNIVERSITY

## INTERNAL INCIDENT REPORT

Date: \_\_\_\_\_

**Instructions:** If you are injured while at Roosevelt University you should complete this form, sign it and take it to the security office. Please phone a University operator who will assist you in locating the nearest security office.

*Send completed form to: Director of Physical Resources with a copy to the Human Resources Department (Downtown, Room 846).*

Accident \_\_\_\_\_ Medical \_\_\_\_\_

Date of Occurrence: \_\_\_\_\_ Time: \_\_\_\_\_

Location of event: \_\_\_\_\_

Name: \_\_\_\_\_ SS# \_\_\_\_\_ Phone (D) \_\_\_\_\_  
(Last) (First) (E) \_\_\_\_\_

Home Address: \_\_\_\_\_  
(No. and Street) (City) (State) (Zip code)

Date of Birth: \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_ Student \_\_\_\_\_ Employee \_\_\_\_\_ Other \_\_\_\_\_

Job Title: \_\_\_\_\_ Campus: \_\_\_\_\_ Department: \_\_\_\_\_

Witness(es): \_\_\_\_\_  
(Name) (Phone)

### NARRATIVE:

Activity when incident occurred: \_\_\_\_\_

Description of injury: \_\_\_\_\_

Action Taken: (check off as many as apply)

\_\_\_\_\_ 911 called

\_\_\_\_\_ went to emergency room in cab

\_\_\_\_\_ called own doctor's office for advice

\_\_\_\_\_ went to own doctor's office

\_\_\_\_\_ used Roosevelt University First-Aid kit to self-administer care

\_\_\_\_\_ Other (explain) \_\_\_\_\_

\_\_\_\_\_  
Security Representative

\_\_\_\_\_  
Signature of Injured Party

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

USE OTHER SIDE FOR ADDITIONAL INFORMATION/COMMENTS