

**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 Campus Security & Safety with a copy to the Human Resources Department (Downtown, Room 803).

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