INCIDENT REPORT
RISK MANAGEMENT DEPARTMENT
P.O BOX 10807
(409) 880-8008
FAX: (409) 880-7977
JEWEL.COURVILLE@LAMAR.EDU

Please complete and mail/email or fax this document to Risk Management at address shown above. Your assistance with this matter is appreciated.

Building or Location of Incident: ____________________________ Date: ________

Reported By: ____________________________

EMPLOYEE INCIDENT REPORT FOR RISK MANAGEMENT

Employee’s Name: ________________________________________

LOCATION AND DESCRIPTION OF INCIDENT: (Include date, time, location and as much pertinent information as possible. (What was student doing and why?) (Events leading up to incident)

Date of Incident: __________ Time of Incident: __________

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Was employee injured? [ ]
Was a workers compensation report completed? [ ]
Was LUPD notified? [ ]

__________________________________________________________________

Signature ____________________________ Date __________

File: forms/employeeincidentreport