



Indiana University-Purdue University Columbus NON-EMPLOYEE INCIDENT REPORT

Name of subject: _____

Home address: _____

Home phone: (____) _____ Cell (____) _____

Date of incident: _____
month day year

Place of incident:

Campus Center (CC Bldg.) _____

Learning Center (LC Bldg.) _____

Research Center (RC Bldg.) _____

Parking Lot _____

Other _____

Description of incident:

List injuries:

Medical treatment required:

yes no _____
name of facility

Police or ambulance arrive on the scene:

yes no _____

Witness(s):

Name: _____

Home address: _____

Primary phone: _____

Signature of subject: _____

Report received by: _____
month day year

After completing the report, submit to:

Division of Administration and Finance, CC Room 157.