University of Houston System Risk Management
Tort / Liability Incident Reporting Form

A. Claimant (or Potential Claimant Name(s)				Campus Police Notified? Yes No N/A		
Date of incident:				Time:		A.M. P.M.
Claimant Status:	Circle One: Student *Employee Visitor/Other *"Employee" includes faculty, staff or employed students*					
Building Name:				Department:		
Claimant Phone:	Hm.		Wk.		Other	
Claimant Address:						
Person Filing Report:				Work Phone:		
Title:						

B. Incident description (use additional sheet if necessary)

1. Where did the incident happen? Provide a full description of the surrounding of the location and photos.

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_____
_____
_____
_____
_____

2. What was happening at the time of the incident? What was the sequence of events leading up the incident? Include names of persons involved and contact information.

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_____
_____
_____
_____
_____

3. Identify known physical conditions relating to the injury (e.g. hole in pavement). Include only factual information; if contributing causes are obvious, state as such. Include weather conditions if they are a factor.

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_____
_____
_____
_____
_____

4. Describe any injuries incurred, what body part(s) and what kind(s) of injury(ies). If there are no observed injuries, indicate "No injuries noted."

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_____
_____
_____
_____
_____

5. Describe any property damage; include photographs if possible.

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_____
_____
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C. Witness Statements

All witnesses should complete the attached "Witness Statement." Be sure it accompanies the report when submitting it to the System Risk Management.

Signature of Claim/Accident Reporter Date

DISTRIBUTION

Original: System Risk Management
UH General Services Building, Room 183
Internal Mail Code: 1005

Copies: Director/Manager of Applicable Department or Section

Maintain one copy in the site file for 5 years.

NOTE: If the injured party is an employee, notify the Component Workers Compensation Claims Coordinator.