

UNIVERSITY of HOUSTON

DEPARTMENT OF RISK MANAGEMENT

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

Claimant Name(s)				Campus Police Notified? Circle One: Yes No N/A	
Date of incident:		Time:		A.M. P.M.	
Claimant Status:		Circle One: Student Employee Visitor/Other			
		<i>"Employee" includes faculty, staff or employed students</i>			
Building Name:		Department:			
Claimant Phone:	Hm.	Wk.		Other	
Claimant Address:					
A. Incident description (use additional sheet if necessary)					
<p>1. Where did the incident happen? Provide a full description of the surrounding of the location and photos.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>					
<p>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.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>					
<p>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.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>					
<p>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."</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>					
<p>5. Describe any property damage; include photographs if possible.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>					

B. 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 Reporter

Date

DISTRIBUTION

Original: UH System Risk Management
Ezekiel W. Cullen Building, Room 22

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.