



ENVIRONMENTAL HEALTH & SAFETY
303 Water Street
Henderson, NV 89015
702-651-7445

INCIDENT REPORT

Campus:

Date of Incident: _____ Time of Incident: _____ a.m. / p.m.

Specific Location (Building/Parking Lot/Stairwell/Classroom: _____)

Personal Information of Involved Party:

Name:

Address:

Phone Number:

Date of Birth:

Gender:

M / F

Circle one: Student

Faculty/Staff

Guest

Contractor

Type of Incident:

Liability

Property Damage

Vehicle Damage

Medical

Other

Description of Incident:

Nature of Injury or Illness or Property Damage:

Police Notified?

Police Report Filed?

Police Report #:

Witnesses:

Phone #:

Name of Person Completing Form:

Date:

Phone

Signature: _____ Department:

