



RMC INCIDENT REPORT

Please complete this form and return it to the office. DO NOT leave any space or box empty. If it does not pertain to this incident, please mark it with an "N/A". The information herein will remain confidential.

TODAY'S DATE

TYPE OF INCIDENT

- Personal/Bodily Auto Property
 Verbal Sexual Misconduct Assault
 Other _____

DATE OF INCIDENT

REPORTER'S INFORMATION

Full Name _____ Phone Number _____

Email address _____ Job Title _____

Supervisor's Name _____ Supervisor's Phone _____

INCIDENT DETAILS

Location (Please give full address if possible)

Time of Incident

Has your Supervisor been notified?

Yes No

Where exactly did it happen?

List Witnesses (If any)

What part(s) of your body was injured (If applicable)

RMC INCIDENT REPORT, CONTINUED

DETAILS; CONTINUED

Describe, step by step, what led to the incident? (set up, travel, etc.)

Describe exactly what happened. (If necessary, please use an additional sheet of paper)

What could have been done to prevent this incident?

MEDICAL DETAILS

Have you ever been injured like this, or similarly, before?

Yes No

Was a Doctor seen?

Yes No

If A Doctor was seen, what is his name?

Doctor's Phone Number

Doctor/Clinic address, city, state and zip

I have completed the information and testify that it is accurate, true and honest to the best of my knowledge, and acknowledge that by my signature and the date below.

Full Name

Signature

Date