



**TOURO UNIVERSITY**  
CALIFORNIA

**TOURO UNIVERSITY INCIDENT REPORT FORM**

Please complete this form for any accident resulting in personal injury, or incident that may have resulted injury, that occurs on Touro University California (TUC) property or any university sponsored event on or off campus. The university staff person in charge of the department or event is responsible to assure that this form is completed and distributed to the **Human Resources Department**.

Today's Date: \_\_\_\_\_

The report involves a:  Employee  Student  Visitor

Connection to Incident:  Person injured  Witness  other \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Other/Cell: \_\_\_\_\_

**INCIDENT DETAILS:** Please complete this section regarding the details of the incident.

The incident occurred:  On Campus  Off Campus

Name of injured: \_\_\_\_\_ Time of Injury: \_\_\_\_\_  am  pm

Where did the injury/incident occur?

Building: \_\_\_\_\_ Floor: \_\_\_\_\_ Room: \_\_\_\_\_ Grounds Area: \_\_\_\_\_

Event: \_\_\_\_\_

Brief description of how the injury occurred:

Action Taken: (Ambulance called? Emergency Kit used if so, what items?)

Was anyone else injured?  Yes  No  Unsure

If yes, provide details: \_\_\_\_\_

Did the injured seek medical care?  Yes  No  Unsure

If yes, provide details: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**TO BE COMPLETED BY HR OR STUDENT SERVICES ONLY:**

Action assigned to: \_\_\_\_\_

Precaution taken to prevention future incidents? \_\_\_\_\_

Date Corrected: \_\_\_/\_\_\_/\_\_\_ Reported by: \_\_\_\_\_

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