

# DCC

Danville Community College

## **Incident Report Form – Students/Visitors\***

**\*Injured faculty/staff should use Worker’s Comp Procedures and forms on DCC’s HR website, under Benefits.**

**Submitted By:**

\_\_\_\_\_  
Name Title Email Date of Report

**PLEASE COMPLETE THIS FORM AND SUBMIT TO CAMPUS SECURITY AT SECURITY@DANVILLE.EDU. SUBMIT ANY SUPPORTING DOCUMENTS OR PICTURES WITH THIS FORM.**

1. Name: \_\_\_\_\_

Last

First

Middle

2. Age: \_\_\_\_\_ Gender:  Male  Female Student ID Number (if applicable): \_\_\_\_\_

3. Date of incident: \_\_\_\_\_ Time: \_\_\_\_\_

4. Status at time of accident:  Student  Visitor or Contractor  Other \_\_\_\_\_

5. Supervisor or Instructor: \_\_\_\_\_

(Person, if any, directing activity at time of accident)

6. Specific location of incident: Campus: \_\_\_\_\_ Building and Room Number: \_\_\_\_\_

OR Outdoor Location: \_\_\_\_\_

7. Describe incident, activity engaged in at the time of incident, and type of injury and part of body involved:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE (INJURED PARTY)**

\_\_\_\_\_  
**- DATE -**

8. The injured person  did  did not refuse assistance, such as first aid or transportation for medical treatment.

Additional Witnesses:

\_\_\_\_\_  
Printed Name Signature Phone Number

\_\_\_\_\_  
Printed Name Signature Phone Number

**FOR OFFICE USE ONLY:**

Follow up actions taken.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

