

## INCIDENT REPORT FORM

Submit the Incident Report Form to the CSA Office the morning following the incident.

The SRM Coordinator will make a copy for the file, and submit the second copy to the University Risk and Insurance Manager.

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Event Description: (Student Group) \_\_\_\_\_  
(College) \_\_\_\_\_  
(Type of event) \_\_\_\_\_

Student's Name: \_\_\_\_\_

Contact Information: \_\_\_\_\_

Age: \_\_\_\_\_

Sex: M( ) F( )

Full description of all events prior to and including the incident:  
(Specify injuries, weather, surroundings)

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Response to the incident:

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Additional comments:

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Names and contact information of Witnesses:

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Student's Signature (if possible): \_\_\_\_\_

Primary Organiser \_\_\_\_\_

Date: \_\_\_\_\_