

Department: Safety/Security

Case #: _____



INCIDENT/ACCIDENT:

DATE:

TIME:

NAME(S) OF PARTY(S) INVOLVED:

PLACE OF OCCURENCE:

WITNESSES:

Description of Events

Signature	Name and Title (Printed)	Date of Report
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Reviewed by _____
Signature

Reviewed by _____
LPCC Signature

***The following is to be completed by Safety/Security Dept. ONLY. Please do not write below this line.*

ROOT CAUSE ANALYSIS:

RECOMMENDATIONS:

DISTRIBUTION (check):

- President
- VP Academic and Student Affairs
- VP for Business Affairs
- AVP for Student Affairs
- Other _____
- Other _____