Non-Employee Injury/Incident Report

Use this form to report incidents involving Students or Visitors involved in an injury or incident on campus.

To report a UNC employee injury/incident, report to Human Resources and fill out an Employee Injury/Incident Report form.

Student/Visitor Information

Name

Bear Number (if available)

Home Address (Street, City, State, Zipcode)

I Am A: ◯ Student ◯ Visitor

Sex: ◯ Male ◯ Female ◯ Other

Home Phone (no dashes)

Cell Phone (no dashes)

Injury/Incident Information

Date of Incident

Time of Incident

◯ AM
◯ PM

Was incident on UNC property? ◯ Yes ◯ No

Location (Room Number, Building, Parking Lot)

Was injury/illness reported to a UNC Faculty or Staff member?

◯ No

◯ Yes, please provide name of UNC personnel:

Was UNC Police Department Notified?

◯ No

◯ Yes

What were you doing when the injury/incident occurred?

◯ Attending Class ◯ Attending an Event

◯ Other

Immediate Action Taken (Check all that apply)

- ☐ First Aid Provided
- ☐ Went to Doctor
- ☐ Went to Hospital
- ☐ Went to Student Health Center
- ☐ Other

Did the individual go to the hospital, student health center, etc. because UNC personal advised them to go?

- ○ No
- ○ Yes, please provide name of UNC personnel

Name the object or substance which cause the injury/incident to occur. (limit 65 characters)

Nature of Injury (Identify how the injury or incident occurred; include the part(s) of the body affected. (limit 400 characters)

List all known witnesses (include name and phone number)

Student/Visitor Electronic Signature

Date

Name of Reporting Party

Phone Number (no dashes)

UNC Affiliated

- ○ No
- ○ Yes

Send original form to Environmental Health & Safety - Campus Box 57

Environmental Health & Safety Use Only

Date EHS Received Report

UNC Police Report Number (if available)

EHS Comments

Departments Notified of Incident

- ☐ UNC Police Department
- ☐ Risk Management
- ☐ Human Resources
- ☐ Dean of Students
- ☐ Facilities Management
- ☐ Other