

MAINE MEDIA
WORKSHOPS
+ COLLEGE

Campus Incident Report

Date: _____ Time: _____ Location: _____

Name of person involved in incident: _____

Person making report: (please print) _____

Position or relationship to the school: _____

For employee's that injury themselves in the work place please fill out a "first injury report" immediately. This form is located in the forms & documents database or in the business office.

Description of incident:

(Accident; injury; damage to property; misuse of school property and/or equipment; inappropriate behavior; guests staying in campus housing; illegal substances present; under-age Workshops students: alcohol present.)

Witnesses (names and contact info):

Action taken:

Did anyone require/receive medical attention? If yes, where and when?

Continue on back if needed.

Signature

Date

PLEASE COMPLETE FORM AND SUBMIT TO YOUR DEPARTMENT HEAD OR BUSINESS OFFICE WITHIN 24 HOURS OF INCIDENT.

The school appreciates your assistance in reporting this incident.

Updated 6/14_campus incident report