

Monterey Peninsula College INCIDENT REPORT

Today's date _____

Student (ID # _____)

Employee

Other (explain) _____

Name: _____

Address: _____

City: _____

Birth Date: _____

Phone: _____

Explanation of Incident

Date: _____ Time: _____ a.m./ p.m.

Place (specific) _____

Did the incident occur during a class? Yes/No. If yes, which class? _____

Describe incident: _____

Description of Injury (if applicable).

Observer(s)/Witness(es) (if any) _____

Instructor(s) present (if any) _____

Description of Intervention

First Aid given? Yes/No Explain _____

Referred to _____

Transported to _____ By _____

What steps have been or could be taken to prevent similar incidents in the future? _____

Report completed by / Date

Injured person's signature / Date

Check if appropriate: Statement of injured person attached.

Statement of witness(es) attached.

Comments: _____