The Office of People, Culture, and Talent
Risk Management Department

INCIDENT REPORT

Instructions: Fill out completely and submit this form to the Risk Management Department (ext. 6428).

Employee, Student or Volunteer Name : ______________________ Date of Birth: ______________________

Designation: ☐ Administrator ☐ Faculty ☐ Classified ☐ CMS ☐ Hourly ☐ Reg.Volunteer
☐ Student Worker ☐ Student in Clinical Rotation

Title:______________________________ Department: ____________________ ID(900#): ________________

Phone #: ( )__________-______________ Address: ____

City: ____________________ State:____________ Zip:____________ District extension:__________

Date of Incident: _________________ Time of Incident:________ ☐ a.m. ☐ p.m.

Location where incident occurred (if not an AVC location, provide name of location & address; include room number or other description): ____
____

Witness(es) to the incident? ☐ Yes ☐ No if yes, name(s)_____________________________________
____

Description of how incident occurred:____
____
____

Part of body affected (i.e. back, left wrist, right eye, etc.): ____
____

Time you began work/clinical rotation on the day of the incident: ______________ ☐ a.m. ☐ p.m.

What is your regular schedule? ☐ M ☐ T ☐ W ☐ TH ☐ F Hours per Day/Week: _______/_______

If applicable name of employee's immediate supervisor: ____

How could the incident have been prevented?____
____

Signature of person who experienced incident: _______________________ Date:_______________

Supervisor signature:_____________________________________ Date:_________________________

REV. 12/11/2024

ANTELOPE VALLEY COLLEGE

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Additional comments: