



Incident Report Form

Please complete for any incidents concerning member safety or well-being, including near misses, property damage, harassment, or other incidents of concern that may require follow-up with WACC staff.

Reported By:

Date of Report:

Title/Role:

Incident No. (if campus police):

INCIDENT INFORMATION

AmeriCorps Member Name:

Email:

Phone:

Sponsoring Organization/Service Site Location:

AmeriCorps Supervisor Name:

Email:

Phone:

Date of Accident/Injury:

Time of Accident/Injury:

Location of Accident/Injury:

Name(s) & Contact Information of Witnesses: *(if any, including phone numbers)*

Incident Description: *(What happened? Describe events leading up to the accident and what caused the injury? Attach additional sheets, if necessary)*

Action Taken: *(Was any first aid administered? If so, describe along with any other actions taken, e.g., police report, reporting officer, contact information)*

Additional Medical Action Taken: *(Did you see a doctor/clinic/emergency room for this injury? If so, list doctor and hospital name, phone number, location, etc.)*

Follow-Up: *(Will additional follow-up medical attention be required? If so, describe. Will this affect the member's ability to serve?)*

Supervisor Name

Signature

Date

Please return completed form to Washington Campus Coalition for the Public Good: juhll@wwu.edu or carlso47@wwu.edu. If confidentiality is needed, please contact Lainie Juhl or Christina Carlson who will send the form securely through AdobeSign.