



## UNITED WE OM INCIDENT/ACCIDENT REPORT FORM

Date of incident: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM

Name of Teacher: \_\_\_\_\_

Location of Class/Event: \_\_\_\_\_

Name of Injured Person: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Is the injured person a (circle one) Practitioner Volunteer Teacher

Type of injury: \_\_\_\_\_

Please describe, in detail, the incident and the events leading up to the incident:

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Could something have been done to prevent this injury?

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Name of Witness: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Did the injury require a physician/hospital visit? Yes \_\_\_\_\_ No\* \_\_\_\_\_

Name of physician/hospital: \_\_\_\_\_

Physician/hospital phone number: \_\_\_\_\_



\*My incident required no medical attention and I chose not to seek medical attention or evaluation.

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Signature of Injured Party

Date

The above overview of the incident is true to the best of my knowledge. I will cooperate with any investigation of the incident.

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Signature of Teacher

Date

**ADDITIONAL WITNESSES**

Name of Witness: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name of Witness: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name of Witness: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Please email this form to [matt@unitedweom.org](mailto:matt@unitedweom.org) within 24 hours of the incident.