



Health Sciences Programs INCIDENT REPORT

Return to the Office of Health Sciences Programs within 24 hours at 900 23rd Street, NW, 6th floor .
Phone (202) 994-3725 | Fax (202) 994-1299

PERSONAL INFORMATION:

NAME		HOME PHONE	CELL PHONE / WORK PHONE
ADDRESS (STREET & NO.)		CITY / STATE	EMAIL ADDRESS
		ZIP CODE	
NAME OF HEALTH SCIENCES PROGRAM:		<input type="checkbox"/> UNDERGRAD PROGRAM <input type="checkbox"/> GRADUATE PROGRAM <input type="checkbox"/> CERTIFICATE PROGRAM	YEAR IN STUDY <input type="checkbox"/> 1ST <input type="checkbox"/> 3RD <input type="checkbox"/> 2ND <input type="checkbox"/> 4TH

INCIDENT / DAMAGE DETAILS:

INCIDENT DATE Month Day Year	DAY OF WEEK	TIME INCIDENT OCCURRED <input type="checkbox"/> AM <input type="checkbox"/> PM	SPECIFIC LOCATION OF INCIDENT (Building And Room, Or In Relation To Known Fixed Object)
DESCRIPTION OF INCIDENT (INCLUDE APPROXIMATE TIMES, NAMES OF OTHER INDIVIDUALS, ETC.)			
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WITNESS #1 NAME		HOME PHONE	CELL PHONE / WORK PHONE
ADDRESS (STREET & NO.)		CITY / STATE	<input type="checkbox"/> GW STUDENT <input type="checkbox"/> STAFF <input type="checkbox"/> OTHER _____
		ZIP CODE	
WITNESS #2 NAME		HOME PHONE	CELL PHONE / WORK PHONE
ADDRESS (STREET & NO.)		CITY / STATE	<input type="checkbox"/> GW STUDENT <input type="checkbox"/> STAFF <input type="checkbox"/> OTHER _____
		ZIP CODE	

COMPLETE THIS SECTION FOR PERSONAL INJURIES:

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~~ PLEASE FAX COMPLETED REPORT TO GW'S OFFICE OF RISK MANAGEMENT AT 202-994-0130. ~~