



SCHENECTADY COUNTY COMMUNITY COLLEGE

INCIDENT REPORT FORM

(Incidents involving employees, students, visitors)

***** PLEASE PRINT LEGIBLY *****

INFORMATION ABOUT THE PERSON INVOLVED IN THE INCIDENT:		
Full Name:	Social Sec./SCCC ID#:	
Home Address:	Gender: M F	
Circle: Employee (Full-time, part-time, perm., temp.) Student (SOM, SON, SOD, Other) Visitor		
Date of Birth:	Home phone:	Campus Phone:
Campus address:		
Job Title:	Supervisor:	

INFORMATION ABOUT THE INCIDENT:		
Date of Incident:	Time:	Police notified: Yes No Case #:
Location of Incident: Describe what happened, how it happened, factors leading to the event, substances or objects involved. Be as specific as possible (attach separate sheet if necessary):		
Were there any witnesses to the incident? Yes No If yes, attach separate sheet with names, addresses and phone numbers, or campus depts and phone.		
Was the individual injured? If so, describe the injury (laceration, sprain, etc.), the part of body injured and any other information known about the resulting injury(s):		
Were the Police called? Yes No Explain: _____ Was medical treatment provided? Yes No Refused If so, where (circle) : Emerg. Rm. The Workplace (Staff EMT) Walk In Clinic Other:		
Will the employee miss time from work as a result of this incident? Yes No Unknown		

Reporter Information:	
Printed Name:	Date:
Reporter Signature:	Title (if applies):