

Non-Employee Incident Report

Complete this report for all incidents on University property or at an activity where a non-employee is, or could have been injured. The person completing the report must be a University employee involved with supervision of the location or activity where the incident occurred. Provide this form to EH&S by noon of the business day following the incident.

Contact information for non-employee involved in this incident

Name FGCU Student
Address minor child
City State Zip Code

Phone Number

Information About this incident

Date Occurred Time Occurred

Location of Incident:

Event if Applicable

Description of the Incident

Was First Aid Administered?

Yes If yes, by who?
 No
 Refused

Was an Ambulance Called?

Yes
 No
 Refused

Was non-employee taken to medical care?

Yes, Ambulance If Yes, Where?
 Yes, Other
 No If Other describe

Is There a Police Report?

No
 Yes, FGCU PD If Yes, Report#
 Yes, Other If Other describe

Witness names and telephone numbers. if no Police Report

Report Submitted by

Last Name Department
First Name
email Phone Number