

Incident Report



This form is to be completed by a UNT representative. **Print in ink** all requested information. Return within 24 hours to Risk Management Services, Insurance & Claims, 700 North Texas Boulevard, or fax to (940) 369-7611. If you have questions, call (940) 565-2109.

Third Party Information

Name _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Email _____

UNT Affiliation at time of Incident Student Employee Visitor Other _____

Reason on Campus _____

Incident Information

Date of Incident _____ Time of Incident _____ AM PM

Specific Location of Incident _____

Bodily Injury Body Part(s) _____

Property Damage Description of Property _____

Detailed Description of Incident _____

Witnesses

Name _____ Phone _____

Name _____ Phone _____

Authority Contacted

UNT Police Other Emergency Services _____

Completed By

Name _____ Department _____

Phone _____ Email _____

Comments _____

Signature _____ Date _____