

INCIDENT REPORT FORM

All incidents must be reported within 24 hours to the Department of Safety & Risk Management.

GENERAL INFORMATION			
Department		Title	
Name of Person Reporting Incident		Email	Phone Fax
INCIDENT INFORMATION			
Date of Incident		Time of Incident	
Address of Incident		Building	Affected Rooms
Campus Atlanta			Affected Floors
INCIDENT DESCRIPTION			
Detailed description of the incident			
Has area been secured? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, what is being done to secure area?		Has the incident been reported to the police? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide Police Report #	
WITNESS INFORMATION			
1	Name	Address	
	Email	Phone	
2	Name	Address	
	Email	Phone	

Please submit completed form to the following:

Frederick Bibbs, Director of Insurance & Risk Management Email:
fbibbs@gsu.edu Phone: 404-413-9548

Revision 03/22/2022

Lajanda Casey, Insurance & Risk Coordinator Email:
lcasy8@gsu.edu Phone: 404-413-9546