



Leaders in Collegiate Recreation

INCIDENT REPORT FORM

Site where incident took place:

Name and Institution of person reporting the incident: _____

Type of Incident Injury/accident Inappropriate Behavior Other

Name(s) of person injured/reported: _____

Institution of person injured/reported: _____

Please indicate whether the injured/reported person is...

Attendee Sponsor/Exhibitor NIRSA Staff Member Other

Date and time of the incident/accident: _____

Give details of how and precisely where the incident/accident took place. Describe what was taking place at the time, e.g. general session, ed session, social, etc. (use back of form if needed)

Give full details of the action taken including any first aid treatment and name(s) of the first aider(s):

Were any of the following contacted:

Police: Yes No Hotel Staff: Yes No
Ambulance: Yes No Convention Center Staff: Yes No
Emergency contact: Yes No

What happened to the injured/reported individual(s) following the incident/accident? (e.g. went home, went to hospital, declined care, etc.)

All of the above facts are a true and accurate record of the incident/accident.

Name: _____ Signed: _____ Date: _____

Complete and return to NIRSA Registration: Attention Sierra Smith, or email to: sierra.smith@nirsa.org