THE UNIVERSITY OF TENNESSEE
REPORT OF AN OCCURRENCE*

Not to be used for healthcare incidents, automobile accidents, or worker's compensation claim reporting

Entered _____
PF _____
CF _____
Space Reserved for Risk Mgmt.

_____ (Campus or Facility) | _____ (Date of Occurrence) | _____ (Time of Occurrence) | _____ (Date of Report)

List Comments to Factual Information

_____
Exact Location of Occurrence

Type of Occurrence

☐ Injury ☐ Property ☐ Security
☐ Unsafe Condition ☐ Other (Explain) _____

Description of Occurrence (Use Separate Page if Necessary)

Complete if Injury and/or Property Damage

Persons Injured:

(Name)	(Street Address, City, State, Zip)	(Telephone)	(Relationship to UT)

Medical Treatment Required ☐ No ☐ Yes Where _____
Other Medical Information:

Property Damaged (Description – Damage):

Witnesses:

(Name)	(Address)	(Telephone)

Other Information

Occurrence Reported to: ☐ UT Campus Police ☐ Local Police ☐ Other _____

Other Comments:

Person Making Report	Signature	Address	Telephone	Relationship to UT

*Occurrence: The event or condition that could or did cause injury or property damage.