

General Incident Report

Date: _____

Please complete for any incident, accident, near miss or environmental release.

Note: If injured party is a **UTRGV employee**, please submit the [First Report of Injury or Illness Form](#). Contact Celia Saenz at (956) 665-3690 or download form at www.utrgv.edu/ehsrm/programs/risk-mana/workers-comp/

Injured Party Information

☐ Student ☐ Visitor ☐ Volunteer ☐ Other _____

Last name		First Name	
Email			
Address			
City		State	Zip
Telephone			

Incident Information

Date of injury	Time of injury
Location of injury	
Was this injury part of a school sanctioned activity or event? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, specify event or sanction activity.	
Did injury require a visit to a physician? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Did injury require hospitalization? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Injury / Accident / Near Miss / Environmental Release

(Explain in detail the nature of the accident and the cause of injury)

[illegible]

To submit this form: print, scan and email completed form to EHSRM@UTRGV.EDU