STUDENT/EMPLOYEE INCIDENT REPORT ROUTING FORM

Student/Employee: ______________________________ Date Submitted: _______

Training Preceptor/Supervisor: _____________________ Date Received: _____ Sent: _______

Department Chairperson: __________________________ Date Received: _____ Sent: _______

Dean’s Office: __________________________________ Date Received: _____ Sent: _______

Human Resources: ________________________________ Date Received: _____ Sent: _______

(Employees only)

Safety Officer: _________________________________ Date Received: _____ Sent: _______

Administration: _________________________________ Date Received: _____ Sent: _______

Risk Management: ______________________________ Date Received: ______

Each listed entity should forward the Incident Report to the next level.