



## Youth Protection Program Incident Reporting Form

Please submit to Risk Management via email at [youthprograms@calpoly.edu](mailto:youthprograms@calpoly.edu)

### PERSONAL INFORMATION

Full Name of Involved Party:

Date/Time of Accident/Incident:

Reported To:

Phone Number:

Address of Involved Party:

Department:

### DETAILS OF ACCIDENT/INCIDENT

Location where accident/incident occurred:

If incident/accident occurred during a class, give Class Identification and Name of Instructor:

Please describe accident/incident:

Were there injuries? If so, nature and extent of injuries:

Did injuries require medical care? If yes, give location, name of treating physician, and medical finding:

Physician Name:  Facility Location:

Medical Finding:

Were there witnesses? If yes, provide name, address, and phone numbers:

Was personal property damaged? If yes, provide a description and value of property (provide attachments if applicable).

Signature of Involved Person: \_\_\_\_\_ Date: \_\_\_\_\_

Case # (If UPD investigated): \_\_\_\_\_

Submit to [youthprograms@calpoly.edu](mailto:youthprograms@calpoly.edu).

Program Coordinator is responsible for ensuring the program retains the form and keeps them on file for all applicable program participants.