TOURO UNIVERSITY
CALIFORNIA

Student Health Center
1310 Club Drive, Building H-89 Ste. 1537
Vallejo, CA 94592
P: 707-638-5220 F: 707-638-5261
Email: tuc.studenthealth@tu.edu

Incident Report

Date Form Completed: ___________________________

Name of Person Reporting: _______________________________________

Date and Time of Incident: ______________________________ ________________________________

List involved individuals and any witnesses (Do not list person reporting).

Full Name	**Telephone Number**	**Witness/Primary Person**
		○ Witness ○ Primary Person
		○ Witness ○ Primary Person
		○ Witness ○ Primary Person

Describe the facts of the incident. Please include all information that may be relevant. Be thorough and objective. Please sign and date the form and return it to the Student Health Center.

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Signature of Person Reporting: _____________________________________ Date: _______________________

Student will submit this completed form to Touro University California Student Health Center and Designated Program Clinical Coordinator within 24 hours of incident.

<u>Student Health Center</u>

Date Form was received: _______________

Name of Person who received the form:

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Form reviewed by Director/Medical Director:

Yes ☐ No ☐

Signature: _________________________

Date: _____________________________

<u>Program Designated Clinical Coordinator</u>

Date Form was received: _____________

Name of Person who received the form:

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Revised 12/07/2017