



**NON-OCCUPATIONAL ACCIDENT REPORT**

In order to make UNC Charlotte a safer place, your cooperation is requested to report details about your incident or injury. If you were injured on the job, please contact your supervisor.  
Note: This report does not replace any worker's compensation reporting requirements for your employer.

Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_

**Name of Injured Person:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Relationship:** *(Please Circle)*    **Student**    **Visitor**    **Contractor**    **Faculty**    **Staff**

Exact location where the incident occurred: \_\_\_\_\_

Briefly describe the nature of injury, whether medical treatment was required and where treatment was received:

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What appears to have caused the accident? \_\_\_\_\_

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In your opinion, could this accident have been prevented?                      How?

If you are aware of a condition that requires immediate correction to prevent someone else from being injured, please call Campus Police at (704) 687-2200.

The information that you have provided will be thoroughly reviewed for appropriate follow-up. If you have any questions, please call the Risk Management office at (704) 687-5711.

Report Completed by: \_\_\_\_\_

Department: \_\_\_\_\_ Date: \_\_\_\_\_