

Accident/Incident Report

LAKE WASHINGTON INSTITUTE OF TECHNOLOGY, 11605 132ND AVENUE NE, KIRKLAND, WASHINGTON 98034-8506 | LWTECH.EDU
CAMPUS PUBLIC SAFETY | SECURITY@LWTECH.EDU | PHONE: (425) 739-8224

Please return completed report to the Campus Public Safety office East Building, E145

Campus Public Safety use only

DATE OF INCIDENT: _____

TIME OF INCIDENT: _____

EXACT LOCATION OF INCIDENT: _____

AFFECTED PARTY

(PLEASE PRINT)

NAME: _____

DATE: _____

DEPARTMENT/PROGRAM: _____

- EMPLOYEE
- STUDENT
- VISITOR
- WORK STUDY
- VOLUNTEER

JOB TITLE: _____

PHONE: _____

DESCRIBE GENERAL WORK OR ACTIVITY BEING PERFORMED

DESCRIBE THE INCIDENT IN FULL DETAIL (WHO, WHAT, WHEN, ETC., INVOLVED PARTIES IF ANY).

WITNESSES

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

REPORTED BY (IF NOT AFFECTED PARTY)

NAME: _____

JOB TITLE/DEPARTMENT: _____ DATE REPORTED: _____

SIGNATURE: _____ PHONE: _____