

SHERMAN COLLEGE OF CHIROPRACTIC
INCIDENT REPORT

COMPLAINANT:

STUDENT__ __EMPLOYEE____VISITOR____OTHER____

PHONE # OR EXT. (OPTIONAL)

DATE REPORTED:

DATE OF INCIDENT:

REPORTED TO:

TYPE OF INCIDENT:

LOCATION:

NARRATIVE (WHO, WHAT, WHERE, WHEN, WHY, AND HOW MUCH):

ACTION TAKEN:

COMPLETED BY:

TITLE: