

DEPARTMENT OF RISK MANAGEMENT

56 South Lincoln Street
Stockton, CA 95203
Main Number: (209) 933-7110
Email: riskmgt@stocktonusd.net
Fax email: risk-fax@stocktonusd.net

GENERAL PUBLIC INCIDENT REPORT

Date of Incident: _____

Time of Incident: _____

Site/Location of Incident: _____

Injured Party Information

Name: _____

Address: _____

Phone Number: _____

Injury Information

Nature of Injury: _____

Description of Injury: _____

Supervisor in Charge: _____

Witnesses

Name of Witness: _____

Address of Witness: _____

Phone Number of Witness: _____

Name of Witness: _____

Address of Witness: _____

Phone Number of Witness: _____

Risk Management Notified

Date of Notification: _____

Signature: _____

****PLEASE FORWARD THIS REPORT TO THE DEPARTMENT OF RISK MANAGEMENT IMMEDIATELY****