



**THE UNIVERSITY OF TENNESSEE
REPORT OF AN OCCURRENCE***

Not to be used for healthcare incidents, automobile accidents, or worker's compensation claim reporting

Entered	_____
PF	_____
CF	_____
Space Reserved for Risk Mgmt.	

	(Campus or Facility)	(Date of Occurrence)	(Time of Occurrence)	(Date of Report)
	<p><u>Type of Occurrence</u> You must select at least one below:</p> <p style="display: flex; justify-content: space-between;"> Injury Property Security </p> <p style="display: flex; justify-content: space-between;"> Unsafe Condition Other (Explain) _____ </p>			
	Exact Location of Occurrence _____			
	Description of Occurrence (Use Separate Page if Necessary)			
	Persons Injured:			
	(Name)	Relationship	(Street Address, City, State, Zip)	(Telephone)
	(Email Address) _____			
Complete if Injury and/or Property Damage	<p>Medical Treatment Required : No Yes Where</p> <p>Property Damaged (Description – Damage):</p>			
Other Information	<p>Occurrence Reported to: UT Campus Police Local Police Other</p> <p>Other Comments:</p>			

COMPLETING THIS FORM IS FOR INFORMATIONAL PURPOSES ONLY AND DOES NOT MEAN A CLAIM HAS BEEN FILED. TO FILE A CLAIM, CONTACT THE UT OFFICE OF RISK MANAGEMENT AT 865-974-5409. THANK YOU.

Person Making Report	Address	Telephone	Email Address
----------------------	---------	-----------	---------------

*Occurrence: The event or condition that could or did cause injury or property damage.