

**General Liability Incident Form** *(Student / Guest of COD / Property)*
**Please Print**
*\* Required Fields*

*Date of Report		*Date of Occurrence and Time	
<b>OCCURRENCE</b>			
*Location of Occurrence (provide specific details)			
Authority Contacted			Police Report? <input type="checkbox"/> Yes <input type="checkbox"/> No
*Description of Occurrence:			
<b>INJURED/PROPERTY DAMAGE</b>			
*Name and Address (injured/property owner)			*Email Address (injured/property owner)
Sex : <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Work Phone	Home/Cell Phone
*Describe Injury			
*What was injured doing? / What property was damaged?			
*Where was injured taken? / Where was property?			
*Describe property damage			
<b>WITNESSES</b>			
Names / addresses / phone / email			
*Reported by		*Reported to	

Please send this form to Environmental Health and Safety, Risk Management, CMC 1000 at College of DuPage, 425 Fawell Boulevard, Glen Ellyn, IL 60137 or email to riskmanagement@cod.edu.

*\*Required Fields  
This information is confidential.*

**College of DuPage #502  
425 Fawell Boulevard Glen  
Ellyn, IL 60137  
(630) 942-2800**