Kansas City University of Medicine and Biosciences

Incident Report for Non-Employees

General Information

Name of Person Making Report:	Telephone No.:
Address (Street, City, State, Zip):	
Date of Report:	Date of Incident:
Type of Incident: ☐ Student ☐ Visitor ☐ Patient ☐ Other (specify):	
Severity: ☐ No Treatment ☐ Ambulatory ☐ Hospitalized ☐ Fatal	
Examined by Primary Care Provider: ☐ Yes ☐ No	Medical Expense Incurred: ☐ Yes ☐ No Estimated Cost: $

Individual Involved

Name:	Date of Birth:	Sex: ☐ Male ☐ Female
Address (Street, City, State, Zip):		
Phone Number:	Time of Incident:	

Narrative

Give a factual description of incident, location, and other important specifics; i.e., body part(s), other individuals involved, etc.

Signature and Title of Reporting Employee:

Forward the completed report within 24 hours to:

Safety and Emergency Management
Kansas City University of Medicine and Biosciences
1750 Independence Avenue
Kansas City, Missouri 64106

email: security@kcumb.edu