

Incident Report



This form is to be completed by a UNT representative. Email the completed form to rms@unt.edu using '#secure' in the subject line to securely send the email. If you have any questions, please call RMS at (940) 565-2109.

Third Party Information

Name _____
Address _____
City _____ State _____ ZIP _____
Phone _____ Email _____
UNT Affiliation at time of Incident Student Employee Visitor Other _____
Reason on Campus _____

Incident Information

Date of Incident _____ Time of Incident _____ AM PM
Specific Location of Incident _____
 Bodily Injury Body Part(s) _____
 Property Damage Description of Property _____
Detailed Description of Incident _____

Witnesses

Name _____ Phone _____
Name _____ Phone _____

Authority Contacted

UNT Police Other Emergency Services _____

Completed By

Name _____ Department _____
Phone _____ Email _____
Comments _____

Signature _____ Date _____