

PATRON INCIDENT REPORT
Risk Management Department
Lincoln Public Schools

Phone: 402-436-1767
Fax: 402-458-3276

Complete this form and forward to Risk Management, Box 14, LPSDO for all non-student/non-employee injuries.
Student teachers and volunteers are examples of who should complete this report.

PLEASE PRINT OR TYPE INFORMATION.

Name of Injured Party: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number (include area code): _____ Cell Phone: _____

Date of Incident: _____ Time of Incident: _____ ☐ a.m. ☐ p.m.

Building: _____ Purpose for being on property: _____
(Ex. PTA, Boy Scout Meeting, Volunteer)

Location within building or on property of Incident (be specific): _____

Description of Incident (be specific noting what happened, contributing factors, etc.): _____

Injury (denote body part(s) injured--i.e. left leg, right hand, etc.): _____

Witness Info:

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Medical Provider for this Incident, if applicable: _____

Address: _____ City: _____ State: _____ Zip: _____

Name & Position of LPS Employee Notified of Incident: _____

Signature of Injured Person

Signature of person completing form if other than Patron

Printed Name & Date

Printed Name & Date

Relationship to Patron: _____