

INJURY / INCIDENT REPORT

SUBMIT FORM TO REPORTACLAIM@CATHOLICMUTUAL.ORG AND RISKMANAGER@CHARLOTTEDIOCESE.ORG.

Party's Name: _____ Sex: _____ Age: _____

If Minor, Name of Parents/Guardian: _____

Home Address: _____

City: _____ State: _____ ZIP Code: _____ Home Phone: _____

(Check One) Employee (Contact HR) Volunteer Parishioner Visitor Student

Date of Injury/Accident: _____

Location of Injury/Accident _____

Description: (How did the injury/accident happen? Please describe in detail)

Describe Injury: _____

First-Aid Administered? _____

Where Taken: _____

Remarks: _____

Person Reporting: _____ Date of Report: _____

LOCATION: _____ Phone No.: _____

LOC. NO.: _____ E-Mail: _____