



RISK SERVICES
3000 College Drive S.
Lethbridge Alberta T1K 1L6
Tel. 403.320.3361 Fax 1.888.546.4509
risk.management@lethbridgecollege.ca

Liability Incident Report

FOIP NOTIFICATION: The personal information requested on this form is collected and protected under the authority of the Alberta Freedom of Information and Protection of Privacy (FOIP) act. The personal information collected will be used to manage incident claims and to interact with applicable insurers and/or government officials as required, or to other users consistent with these purposes. Questions about this form can be directed to the Risk Services office at Lethbridge College.

INSTRUCTIONS: The information provided on this form will be used to process incident claims. All information regarding the incident, including photographs of damage and/or conditions, diagrams, and witness statements should be collected at the time of the incident and attached to this form. Submit the completed form to Risk Services (CE2317) as soon as possible after an incident has occurred.

INCIDENT CONTACT INFORMATION

CONTACT PERSON NAME: _____

PHONE: () **EXT:** **EMAIL:** _____

DEPARTMENT / SCHOOL: _____

SUPERVISOR: _____ **PHONE:** () **EXT:** _____

LOSS INFORMATION

INCIDENT DATE: _____ **TIME:** _____ ☐AM ☐PM

LOCATION: _____

DESCRIPTION OF LOSS

Describe the loss in the space provided below. If additional space is needed include additional sheet(s) as an attachment. Include any attachments with information applicable to the loss (e.g. photos).

ATTACHMENTS: ☐ PHOTOS ☐ SKETCH OF SCENE ☐ ADDITIONAL PAGE(S) ATTACHED ☐ OTHER

WITNESSES: (Attach additional sheet(s) if more space is needed): ☐ ADDITIONAL PAGE(S) ATTACHED

1. NAME: _____	PHONE: ()	EXT: _____	<input type="checkbox"/> Faculty/Staff <input type="checkbox"/> Student <input type="checkbox"/> Public
2. NAME: _____	PHONE: ()	EXT: _____	<input type="checkbox"/> Faculty/Staff <input type="checkbox"/> Student <input type="checkbox"/> Public
3. NAME: _____	PHONE: ()	EXT: _____	<input type="checkbox"/> Faculty/Staff <input type="checkbox"/> Student <input type="checkbox"/> Public
4. NAME: _____	PHONE: ()	EXT: _____	<input type="checkbox"/> Faculty/Staff <input type="checkbox"/> Student <input type="checkbox"/> Public
5. NAME: _____	PHONE: ()	EXT: _____	<input type="checkbox"/> Faculty/Staff <input type="checkbox"/> Student <input type="checkbox"/> Public

DAMAGE TO OTHER'S PROPERTY☐ N/A**PROPERTY DAMAGED:** _____**DESCRIPTION OF DAMAGE:** _____**ATTACHMENTS:** ☐ PHOTOS ☐ SKETCH OF SCENE ☐ ADDITIONAL PAGE(S) ATTACHED ☐ OTHER

--

PROPERTY OWNER NAME: _____**CONTACT PERSON:** _____**PHONE:** ()**EXT:** _____**INJURIES TO OTHERS** (attach additional sheet if necessary)☐ N/A

NAME	PHONE	INJURY SUSTAINED	
	() EXT: _____		<input type="checkbox"/> Faculty/Staff <input type="checkbox"/> Student <input type="checkbox"/> Public
	() EXT: _____		<input type="checkbox"/> Faculty/Staff <input type="checkbox"/> Student <input type="checkbox"/> Public
	() EXT: _____		<input type="checkbox"/> Faculty/Staff <input type="checkbox"/> Student <input type="checkbox"/> Public
	() EXT: _____		<input type="checkbox"/> Faculty/Staff <input type="checkbox"/> Student <input type="checkbox"/> Public
	() EXT: _____		<input type="checkbox"/> Faculty/Staff <input type="checkbox"/> Student <input type="checkbox"/> Public

NOTIFICATIONS**POLICE:** ☐ YES ☐ NO ☐ N/A**FILE NO:** _____**CONTACT NAME:** _____**PHONE:** () **EXT:** _____**FIRE/EMS:** ☐ YES ☐ NO ☐ N/A**REF NO:** _____**CONTACT NAME:** _____**PHONE:** () **EXT:** _____**OTHER:** _____**REF NO:** _____**CONTACT NAME:** _____**PHONE:** () **EXT:** _____**LC SECURITY:** ☐ YES ☐ NO ☐ N/A**CONTACT NAME:** _____ **EXT:** _____**LC HEALTH & SAFETY:** ☐ YES ☐ NO ☐ N/A**CONTACT NAME:** _____ **EXT:** _____**RISK SERVICES OFFICE USE ONLY****REVIEWED BY:** _____**DATE RECEIVED:** _____**INSURER NOTIFIED:** ☐ YES ☐ NO ☐ N/A**DATE NOTIFIED:** _____