INSTRUCTIONS:

The campus should use this form to report potential liability claims against the NSHE/State.

☑ Original of this “Incident Report” should be sent ASAP to:
Risk Manager, BCN Risk Management Office
70 Artemesia Way, Rm 2, MS 0241, Reno, NV 89557
with a copy faxed to: 775-784-4363 (BCN Risk Mgt.)

☐ If an individual wishes to make a formal claim against the University/State, the individual should notify the Office of the Attorney General at TEL: (775) 684-1263. The Attorney General’s office will send the appropriate form to the injured/damaged party.

PLEASE NOTE: Do not use this form to report injuries to NSHE employees -- a Workers’ Compensation injury report must be filed in those instances.

Additionally, please do not use this form for Automobile Accidents which must be reported in form URM-002.

Please type or print clearly

Name of Injured/Damaged Party __________________________________________________________

Mailing address _______________________________________________________________________

A.M.

Phone # _______________________ Date of Incident ___________________ Time ________ P.M.

Location Where Incident Occurred (Include Street Address): __________________________________

_____________________________________________________________________________________

Department _______________________ Division _______________________ Budget Acct. ________

Contact Person _____________________ Title ______________________ Phone # ________________

Please provide a detailed description of what happened and attach all supporting documentation you may have. (Attach additional pages if necessary.)

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Form Completed by: __________________________ Date ______________________

URM-001 (revision of TC-2, 01/12)
NSHE Risk Management