DELTA SIGMA PHI

INCIDENT/CLAIM REPORTING FORM

When an incident arises at the chapter causing bodily injury or property damage to any person, the following information must be obtained immediately. This report is being prepared for submission to a Delta Sigma Phi General Counsel, so please be thorough. Do not withhold reporting an incident to obtain all required information. Because timeliness is of the essence, report it immediately and send a copy within **24 hours** to the Central Office of Delta Sigma Phi Fraternity, 1331 North Delaware St., Indianapolis, IN 46202, (317)634-1410 (Fax). If the bodily injury is of a serious nature, **a telephone call** should also be made to (317)634-1899.

Chapter Name: _____ Date of Incident: _____

Address: _____ Injured Party (IP) _____

City, State, Zip: _____ IP Address: _____

Phone #: _____ IP City, State, Zip: _____

Chapter President: _____ IP Phone #: _____

Chapter Advisor (CA): _____ Alumni Corp Board President (ACB): _____

CA Address: _____ ACB Pres Address: _____

CA Phone#: _____ ACB Pres Phone #: _____

Witnesses & Phone #'s:

_____

_____

_____

_____

Did Incident Happen Off Premises? (Leased or Rented) Yes or No _____

If yes, Owner's Name _____ Owner's Phone # _____

Owner's Address _____

Police Investigation? Yes or No _____

Name of Agency & Case # _____

Description of Injury & Where Was Injured Party Taken:

_____

_____

_____

Description of What Happened (What, When, Where, How):

_____

_____

_____

Form Completed by (Name, Title, Telephone #, E-mail Address):

_____

_____

Please utilize the back side of this form if you should run short of room.