

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.

