



Youth Activity Incident Reporting Form

If an incident occurs involving youth during an event sponsored by UNO or held on UNO property, this form must be completed and forwarded to UNO's Youth Safety Coordinator within 24 hours of the incident.

Rachael Jensen | rachaeljensen@unomaha.edu | fax: 402.554.2244

Reporter Information:

Your full name:

Your phone number:

Your email address:

Date of incident:

Time of incident:

Location of incident:

Camp/Activity Involved:

Individual(s) Involved: (include youth participants, Activity Workers, etc. Use details section below if more room is needed.)

1. Name:
2. Name:
3. Name:
4. Name:

Please explain the specific details of the incident:

Please give details of any action taken to help or resolve the incident:

Was medical attention required?

If yes, please list known details:

Was Public Safety notified?

Was this incident reported to your supervisor?

Form Completed By:

Date Form was Submitted: