

University of South Alabama Human Resources
EMPLOYEE INCIDENT REPORT ROUTING FORM

Employee: _____ Date Submitted: _____

Supervisor: _____ Date Received: _____ Sent: _____

Department Head: _____ Date Received: _____ Sent: _____

Employee Health: _____ Date Received: _____ Sent: _____
(Hospital Employees Only)

Human Resources: _____ Date Received: _____ Sent: _____

Safety Officer: _____ Date Received: _____ Sent: _____

Administration: _____ Date Received: _____ Sent: _____

Risk Management: _____ Date Received: _____

Each department listed should forward the Incident Report to the department listed next on the form. If a department has signed off on the form, please forward to the next department as needed.