



**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: _____ (Hospital Employees Only) | Date Received: _____ Sent: _____ |
| 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.