



**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.