

ALPHA PHI ALPHA FRATERNITY, INC. 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 an Alpha Phi Alpha Fraternity, Inc. 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 Corporate Headquarters of Alpha Phi Alpha Fraternity, Inc., 2313 St. Paul Street, Baltimore, MD 21218-5234. If the bodily injury is of a serious nature, a **telephone call** should also be made.

Chapter Name: _____ Date of Incident: _____
Address: _____ Injured Party: _____
City, State, Zip: _____ IP Address: _____
Phone #: _____ IP City, State, Zip: _____
Chapter President: _____ IP Phone #: _____
Chapter Advisor: _____ House Corp President: _____
CA Address: _____ HC Pres: Address: _____
CA Phone#: _____ HC 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.

