



## RMF General & School Leaders Liability Event Form

Reported Date: \_\_\_\_\_ By: \_\_\_\_\_

Event Date: \_\_\_\_\_

Loss or Accident Location Name and Address: \_\_\_\_\_

\_\_\_\_\_

Brief Description of Event: \_\_\_\_\_

\_\_\_\_\_

Name of Injured Party (If GL) / Name of Complaining Party (If SLL):

- Name: \_\_\_\_\_
- Address: \_\_\_\_\_
- Phone: \_\_\_\_\_ Cell #: \_\_\_\_\_
- Injured/Complaining party a student or employee? \_\_\_\_\_

\* If more than one injured or complaining person, use separate sheet.

Cause of Event: \_\_\_\_\_

Witness Name and Contact Information: \_\_\_\_\_

\_\_\_\_\_

Bodily Injury/Property Damage, if any:

\_\_\_\_\_

\_\_\_\_\_

Contact Person Information: \_\_\_\_\_

\_\_\_\_\_

Reported to Police/Sheriff/Fire Dept: Y or N If you have, provide us with a copy of report.  
(Do not to delay reporting of a claim, if you do not have report)

\* If additional pages are required, please add as needed.