

**GENERAL LIABILITY LOSS NOTICE FORM**

Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_

Reported to University Security: \_\_\_\_ Yes \_\_\_\_ No

Person Submitting Report: \_\_\_\_\_

Department: \_\_\_\_\_ Campus Phone Number: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Details of Incident: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Person(s) Injured or Owner(s) of Damaged Property:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

*Submit Report to:*

Risk Management & Safety Department  
Becky Penn, Claims Specialist  
636 Grace Hall  
PHONE: (574) 631-7532  
FAX: (574) 631-8794  
EMAIL: Penn.2@nd.edu