UNIVERSITY OF ILLINOIS

PROPERTY DAMAGE REPORT – UIUC / UIS

PLEASE TYPE, OR PRINT CLEARLY USING INK – ALL FIELDS MUST BE COMPLETED TO INITIATE INVESTIGATION PROCESS

DATE OF OCCURRENCE _____ **DAMAGE ESTIMATE $**_____
TIME_____ A.M. ☐ P.M. ☐ **attach copy – 2 required**

TYPE OF LOSS_____

PLACE OF OCCURRENCE

PROPERTY OWNER _____
ADDRESS _____
CITY_____ STATE_____ ZIP _____

PROPERTY OWNER IS A STUDENT ☐ VISITOR ☐ EMPLOYEE ☐

NAME_____ SSN/UIN _____
STREET_____ PHONE (___)_____
CITY_____ STATE_____ ZIP _____
DATE OF BIRTH (required)_____ JOB TITLE_____ DEPT _____

DESCRIBE OCCURRENCE (attach photographs of damages)

WITNESS INFORMATION (USE REVERSE IF MORE THAN ONE WITNESS)
NAME_____ PHONE (___)_____
ADDRESS _____
CITY_____ STATE_____ ZIP _____

WERE POLICE NOTIFIED? YES ☐ NO ☐ ATTACH COPY - REPORT #
DEPARTMENT CONTACTED_____ DATE REPORTED_____
PHONE NUMBER/DEPARTMENT LOCATION (IF KNOWN)_____

This form should be completed by the property owner but may be completed by the facility representative that wishes to report an incident.

Please indicate if you (the property owner) would like to be contacted by a representative from The Office Claims Management. Yes ☐ NO☐

RESOURCE INFORMATION
The University of Illinois General Liability Policy may be found at:
https://www.treasury.uillinois.edu/risk_management/general_liability/
Please visit the website for additional information and other helpful links.

ADDITIONAL WITNESS INFORMATION:

NAME_____PHONE (____)_____
ADDRESS _____
CITY_____STATE_____ZIP _____

SEND ORIGINAL TO: Office of Worker's Compensation and Claims MGMT
449 Henry Administration Bldg. 506 S. Wright St. MC-300 Urbana, IL 61801
(217) 333-1080 • Fax (217) 244-5152 • workcomp@uillinois.edu
RETAIN A COPY FOR YOUR DEPARTMENTAL OR PERSONAL RECORDS

Additional Information you would like to provide in consideration of your claim:

NAME OF INDIVIDUAL COMPLETING THIS REPORT_____
JOB TITLE _____DEPT _____OFFICE PHONE_____
(IF APPLICABLE) (IF APPLICABLE) (IF APPLICABLE)

SIGNATURE_____DATE_____

(Rev. 10/15)