



UNIVERSITY, COLLEGE AND INSTITUTE PROTECTION PROGRAM

Risk Management

PO Box 3586, Victoria, B.C. V8W 3W6

Phone: (250) 356-1794 Fax: (250) 356-0661

LIABILITY CLAIM REPORTING FORM

<p>Origin of Claim</p>	<p>Institution/Facility: _____</p> <p>Location/Campus Name: _____</p> <p>Address: _____</p>
<p>Date Notified:</p>	<p>Person to Contact Regarding this Claim: _____</p> <p>Telephone #: _____ Fax #: _____</p> <p>Email Address: _____</p>
<p>Claim Description</p>	<p>Claimant/Person Involved: _____</p> <p>Date of Incident/Occurrence: _____</p> <p>Check One: <input type="checkbox"/> Potential Claim or <input type="checkbox"/> Actual Claim</p> <p>Brief Description of Problem/Complaint/Incident alleged injury or property loss/damage:</p>
<p>Accompanying Documentation</p>	<p>Incident Report Enclosed? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Notice of Writ/Statement of Claim Enclosed? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Other, please note:</p>

Submit this form to RMBClaims@gov.bc.ca or by fax at (250) 356.0661

NOTE: DO NOT PROVIDE ANY INFORMATION REGARDING THIS EVENT TO ANY PERSON(S) OTHER THAN REPRESENTATIVES OF UCIPP OR ADJUSTERS/LAWYERS ASSIGNED TO ACT FOR THE INSTITUTION/FACILITY.