



CASA

Court Appointed Special Advocates
FOR CHILDREN

CAPITAL AREA CASA ASSOCIATION

341 St. Joseph Street
Baton Rouge, LA
(225) 379-8598
fax (225) 379-3362
www.casabr.org

POTENTIAL LIABILITY INCIDENT REPORT

Please type or print clearly

Name of injured/damaged party _____

Mailing address _____

Phone _____ Fax _____ Email _____

Location where incident occurred (include street address): _____

Date of incident _____ Time of incident _____ a.m./p.m.

Please provide a detailed description of the damage, injury or loss. Describe what happened and attach all supporting documentation you may have. Attach additional pages if necessary.

Employee's only: DOB _____ SSN _____ Hire date _____

Preparer's information: Name _____ Title _____

Phone: Home _____ Business _____ Fax _____

Signature of preparer _____ Date _____

Office use only: Claim # _____

Completed form must be submitted within 24 hours of incident to Liz Betz at the above address.