

# Student Experiential Learning Incident Form

Agency Name: \_\_\_\_\_

ORM Agency Location Code: \_\_\_\_\_

Agency Contact: \_\_\_\_\_  
*Name, Phone and Email*

Name of Injured Party: \_\_\_\_\_

Phone Number of Injured Party: \_\_\_\_\_

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

Location of Incident: \_\_\_\_\_  
*Street, City, Zip Code, Parish*

Name of Student Intern \_\_\_\_\_

Intern's Field of Study \_\_\_\_\_

Is there a written agreement with this program: Yes \_\_\_\_\_ No \_\_\_\_\_

Witnesses of Incident: \_\_\_\_\_  
*Name(s) and Phone Number(s)*

Description of Incident:

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After completion of this form, please email the form directly to United Educators at [newclaims@ue.org](mailto:newclaims@ue.org) and copy Allison Schailer at ORM at [allison.schailer@la.gov](mailto:allison.schailer@la.gov). If your claim is submitted electronically to United Educators, they will send you an electronic confirmation.

Please mail copies of all written demands, notices, summons, complaints, or other process of service received **immediately** to United Educators Insurance, 7700 Wisconsin Avenue, Ste 500, Bethesda, MD 20814-3556 along with this completed form.