

Request for Risk Management Review

Name (Last, First):

Birth Date (mm/dd/yy):

Home Address (# and Street Name):

City:

State:

Zip:

Telephone Contact Number:

Email Address:

Medical Record Number (as appropriate):

Date of Event (mm/dd/yy):

Location of Event:

Briefly describe the nature of the event to be reviewed (use additional pages if needed):

Signature: _____

**Send completed form to: Risk Management, 4301 X Street, Sacramento CA, 95817, via
fax: (916) 734-2429 or E-mail: hs-risk.management@ucdavis.edu.**