

Request for Risk Management Review

Fax Completed Form to: Risk Management (916) 734-2429 or

E-mail to: hs-risk.management@ucdavis.edu

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:

Signature: _____

Risk Management, 2315 Stockton Blvd., Sacramento, CA 95817