

Information of the Individual with whom the incident occurred

Individual's name and or position, if known.

Description: Male Female

Age: _____ Complexion: _____ Height: _____ Weight: _____

Other: _____

Witness Information

Number of Witnesses _____

Witness(es)'s Name(s) and Position(s), if known. If not known include a description.

Other: _____

There were no witnesses

General Information

Was this incident reported to the supervisor? Yes No

Have you initiated an investigation? Yes No

Name of the supervisor _____

Signature Date