

INCIDENT SUMMARY

Please Print

Employee Name: _____ Title: _____

Status: Probationary / Temporary / Term / Permanent Shift: _____

Date of Incident: _____ Time of Incident: _____ Location of Incident: _____

Witnesses: Name(s) _____ Work Phone Number _____

Did you personally witness incident? _____

If not, how did you become aware of incident? _____

When did you become aware of the incident? _____

Did the incident involve a patient/guest/student? _____

If so, did the patient/guest file an incident report? _____

Describe what happened in detail, i.e., actions and/or statements of the employee(s), instruction to employee(s), statements of witnesses, physical evidence, and your remarks, what did the employee(s) and you do or say

Signature of Supervisor/ Date

To: Labor Relations: Please investigate this incident to determine if disciplinary action is warranted.

Employee and Labor Relations:

	Campus	Zip	Phone	Fax
West Campus	0751		632-6140	632-1360
HSC/UH	8229		444-3780	632-2545
LISVH	9500		444-8617	444-8517

Signature of Department Head/Director