Name of Agency:

Name and Title of Individual Preparing Report:

Date or Approximate Dates of Incident(s):

Witnesses or those knowledgeable:

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Phone: |  |
| Name: |  | Phone: |  |
| Name: |  | Phone: |  |
| Name: |  | Phone: |  |
| Name: |  | Phone: |  |

Employee Negligence / Misconduct:

Name of Employee:

Employee Identification Number:

Contractor Negligence / Misconduct:

Name of Contractor:

Name of Contractor’s Company:

Circumstances of the Incident:

(Must include: detail as to all parties involved and to what extent and who has information of the incident, what happened, when did it happen, where did it happen and if appropriate why did this incident occur)

Notification and Referral of Incident:

The following agencies have been notified of the above allegation(s). Add additional page(s) if needed.

|  |  |
| --- | --- |
| Type of Agency: |  |
| Agency Name: |  |
| Agency Address: |  |
| Agency Phone: |  |
| Agency Contact Name: |  |
| Agency Contact Email: |  |
| Date of Notification / Referral: |  |

|  |  |
| --- | --- |
| Type of Agency: |  |
| Agency Name: |  |
| Agency Address: |  |
| Agency Phone: |  |
| Agency Contact Name: |  |
| Agency Contact Email: |  |
| Date of Notification / Referral: |  |

|  |  |
| --- | --- |
| Type of Agency: |  |
| Agency Name: |  |
| Agency Address: |  |
| Agency Phone: |  |
| Agency Contact Name: |  |
| Agency Contact Email: |  |
| Date of Notification / Referral: |  |

|  |  |
| --- | --- |
|  |  |
| ***Signature of Individual Preparing Report:*** | ***Date:*** |