



WORKPLACE INCIDENT REPORT

Name of Complainant: _____

Department Name: _____

Address: _____

Work Phone: _____ Home Phone: _____

Supervisor's Name: _____

INCIDENT INFORMATION:

Date of Incident: _____ Time of Incident: _____ AM / PM

Location of Incident: _____

Nature of Incident:

(Use additional pages if needed)

Name of the Individual(s) involved: _____

Male: _____ Female: _____ Employer: _____

Name of other Individual(s) involved: _____

Male: _____ Female: _____ Employer: _____

Name of other Individual(s) involved: _____

Male: _____ Female: _____ Employer: _____

Any other Description: _____

Name of Witnesses: _____

What the Complainant believes witnesses observed: _____

Have the Police been contacted? _____ YES _____ NO

If Yes, which Police Department? AURORA _____ DENVER _____ AURARIA _____

OTHER (please specify): _____

Statement by the Complainant: I _____ have read and reviewed the statements that are contained on this form and to my knowledge they are complete and accurate.

Signature: _____ Date: _____

Name of Interviewer: _____ Department: _____

Signature: _____ Date: _____