

Incident Statement Report

****Please fill out the form completely****

Your Name

Today's Date

I declare that the information given here is true and correct to the best of my knowledge.

Your signature:

(Typing your name in this box reflects your electronic signature)

Who is the employee(s) involved? #1

#2

#3

#4

Where did the incident occur?

*On District Facility
Off District Facility*

Specific District Building/Department:

Dates did it happen? Month:

Day:

Year:

Who else witnessed or is aware of what happened?

#1

#2

#3

#4

Describe the incident or allegation. Only use facts and no personal opinions. Please attach any pertinent documentation (pictures, copies of documents, video) that maybe in your position regarding this matter.