

## 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.**