

Jamestown^{COLLEGE}

INCIDENT REPORT

EMPLOYEE INFORMATION		
Employee Name:		Date:
Position:		Supervisor:
Person who reported concern about the incident:		
<input type="checkbox"/> Counseling Report	<input type="checkbox"/> Workers' Compensation	<input type="checkbox"/> Just an FYI

FACTS ABOUT THE INCIDENT		
Location where the incident occurred (Building, Area of Campus, etc...):		
Date of Incident:	Time of Incident:	Date Incident Reported:
What part of body was injured (Be specific about right/left, lower/upper, etc.):		
Person to whom incident was reported:		
Witness(es):		
Describe the incident in detail:		

Signature of Employee: _____ Date: _____