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:__________