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:_________________
