

**University of Colorado Denver  
Workplace Incident Report**

Name of Complainant:

Department Name:

Work Phone:

Home Phone:

Supervisor's Name:

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**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:

Gender:

Employer:

Name of other Individual(s) involved:

Gender:

Employer:

Name of other Individual(s) involved:

Gender:

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?

- UCHSC
- Aurora
- Denver
- Auraria
- Other (please specify):

Statement by the Complainant: I [name] 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: