STAUNTON
EMPLOYEE INCIDENT FORM

Date_____

Named Employee _____

Named Employee's Department _____

Date of Incident _____

Description of Incident:

Reported by _____ Signature _____

Phone # _____

Department Head/Committee Chair's comments:

Action taken, if any, by Department Head/Committee Chair:

Employee's Signature: _____ Date: _____

Department Head/Committee Chair Signature: _____

Date _____