

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 \_\_\_\_\_