##  Employee Information (Please Print)

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Incident: |  | Time of Incident: |  |
| Name of Supervisor Completing Report: |  |
| Location of Incident: |  |
| Name: |  |  |
|  | *First* | *Last*  |
| Title: |  |  Phone # |  |

## Witness Information (Please Print)

|  |  |  |
| --- | --- | --- |
| Name: |  |  |
|  | *First* | *Last*  |
| Title: |  |  Phone # |  |

##  Incident Detail

|  |  |
| --- | --- |
| Describe the Observed Incident in Detail:

|  |
| --- |
|  |

 |

##  Action Taken

Check all that apply:

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  Refusal to consent to testing | [ ]  Consent to testing | [ ]  Onsite testing |  |
| [ ]  Taxi voucher | [ ]  No action taken  |  |  |

##  Explanation of Action Taken (attach additional pages if needed)

|  |
| --- |
|  |

## Signatures

|  |  |  |  |
| --- | --- | --- | --- |
| Supervisor Signature: |  | Date: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Witness Signature: |  | Date: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Witness Signature: |  | Date: |  |