

SCHOHARIE COUNTY EMPLOYEE INCIDENT / COMPLAINT / ACCIDENT FORM

Incidents/Complaints: Submit completed form to immediate supervisor, Department Head, and Personnel Officer.

Accidents: Submit completed form to Safety Officer or Director of Emergency Services

Type of Occurrence: (Check One) INCIDENT / ACCIDENT / COMPLAINT

Today's Date: _____ **Name of Employee Completing Form:** _____

Phone #: _____ **E-mail:** _____

Title: _____ **Department:** _____

EVENT INFORMATION

(to be reported within 48 hours of occurrence)

Date Occurred: _____ **Time Occurred:** _____

Location of Occurrence: _____

Did you report this to your department? (Check One) YES / NO

If yes: **Date Reported:** _____ **Time Reported:** _____

To Whom it was Reported (Name, Title, Department): _____

Witness names & contact information (if known):

Describe occurrence in specific detail: (For example: Equipment/vehicles involved, words spoken, gestures made, if and where physical contact occurred, any other physical action, objects, or weapons used, personal injuries sustained). Attach additional sheets if necessary.

I affirm that this information is true and correct to the best of my knowledge.

Employee Signature: _____ **Date:** _____

Received by: _____ **Title:** _____ **Date:** _____
(Signature)