

SYEP

Mayor Vincent C. Gray's **One City** Summer Youth Employment Program



INCIDENT REPORT FORM

This report is to be completed by the Worksite Supervisor within 24 hours of the incident. This form is a confidential, internal document and is not to be shared with persons who are not employees of the Department of Employment Services.

Host Agency: _____	Date of Incident: _____
Worksite : _____	Worksite Supervisor: _____
Name of person(s) involved: _____	

Describe how incident occurred (Include facts only; exclude opinions and/or assumptions):

Witness(es): (Title: Supervisor, Youth, etc.) and Telephone number:

1.) _____	Phone: _____
2.) _____	Phone: _____

Other remarks:

Name of person completing this form: _____ Date: _____