

MAYOR MARION S. BARRY 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: _____