

# MAYOR MARION S. BARRY, JR. 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: \_\_\_\_\_

The Department of Employment Services is an Equal Opportunity Employer/Provider. Language interpretation services are available without cost. Auxiliary aids and services are available upon request for individuals with disabilities.

