



EMPLOYEE INCIDENT REPORT

Name of Employee: _____ Date of Incident: _____

Title: _____ Social Security Number: _____

Residence Address: _____

DOB: _____ Gender: _____ Marital Status: _____ # of Dependents: _____

Home Phone: _____ Cell Phone: _____ WK Phone: _____

Dept Where Incident occurred: _____ Day of Week and Time: _____

Describe the details of the incident (How/What/Where/Why) BE VERY SPECIFIC: _____

Nature, Extent, Degree and Body Location(s) affected by incident:

Was special protective equipment provided or required? (Ex. Goggles, Special Shoes, Helmet, Belt, etc.)

____YES ____NO (If yes, describe type): _____

Was such equipment being used or worn at the time of incident? ____YES ____NO (If yes, describe): _____

Were there any eyewitnesses to the incident? ____YES ____NO

(If yes, please list names and dept): _____

I, the undersigned, herewith certify that the above is true and correct statement of fact, and that I made such statement of my own free will.

Employee Signature: _____

Date: _____

Name of Supervisor: _____

Dept: _____

Statement of Equal Opportunity: No person shall be excluded from participation in, denied the benefits of, or be subject to discrimination under any program or activity sponsored or conducted by South Texas College on the basis of race, color, national origin, religion, sex, age, veteran status or disability.