Leech Lake Band of Ojibwe

Incident Report Form

Name: _____ Today's Date: _____

Place of work, Division: _____ Department: _____

Date of Incident: _____ Time of Incident: _____ ☐ a.m. ☐ p.m.

Witnesses, if any: _____

Location of incident: _____

Describe incident in detail (please attach additional paper, if needed):

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Employee Signature *Date* *Supervisor Signature* *Date*

Submit to: 1. Your direct supervisor (or your supervisor's supervisor).
2. Copy to Human Resources.

Revised: 10/23/13 HR
Please use the revised form & destroy all former versions.