## Employee Information (Please Print)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date of Incident: | |  | | | | | Time of Incident: | |  |
| Name of Supervisor Completing Report: | | | |  | | | | | |
| Location of Incident: | | |  | | | | | | |
| Name: |  | | | | |  | | | |
|  | *First* | | | | | *Last* | | | |
| Title: |  | | | | Phone # | | |  | |

## Witness Information (Please Print)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: |  | |  | |
|  | *First* | | *Last* | |
| Title: |  | Phone # | |  |

## Incident Detail

|  |  |
| --- | --- |
| Describe the Observed Incident in Detail:   |  | | --- | |  | |

## Action Taken

Check all that apply:

|  |  |  |  |
| --- | --- | --- | --- |
| Refusal to consent to testing | Consent to testing | Onsite testing |  |
| Taxi voucher | No action taken |  |  |

## Explanation of Action Taken (attach additional pages if needed)

|  |
| --- |
|  |

## Signatures

|  |  |  |  |
| --- | --- | --- | --- |
| Supervisor Signature: |  | Date: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Witness Signature: |  | Date: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Witness Signature: |  | Date: |  |