

WTC INCIDENT REPORT FORM

Today's Date:		Date of incident:	
Employee Name:		·	•
Nature of Incident:			
Date, time and name of the person the incident was reported to:			
Any property damage?			
If yes, please describe:			
Any weapons involved? If			
yes, please describe?			
Names of involved parties:			
Location of incident:			
Was 911 Called?		Was 911 refused?	
		If yes, by whom?	
Comments of what			
transpired?			
Action taken:			
Witness(es):	Name:	Address:	Phone:
Signatures:	Employee	Supervisor/ Director	Campus Director
	Date:	Date:	Date:

FOR ADDITIONAL COMMENTS, USE REVERSE SIDE

Additional Comments:	