COMMITTEE FOR PUBLIC COUNSEL SERVICES

INCIDENT/THEFT REPORT

(IF THEFT, PLEASE COMPLETE SECTIONS A, C, & E)

CPCS Incident Information Report should be completed by a supervisor or manager who is informed of any incident involving workplace safety or an accident in the workplace.

A. Name of Involved Person(s)*: _____

Department: _____ Office Location: _____

Address: _____

Phone: _____ Email: _____

Date & Time of Incident: _____

Location of Incident: _____

B. Name(s) of Witness(es) and Phone Numbers*:

1. _____
2. _____
3. _____

*(*If Person is an employee, please provide work address & work phone number)*

INCIDENT/THEFT DETAILS

C. Type of Incident: _____

_____

Item taken (if reporting theft):_____

_____

D. Was Illness or Injury involved, yes or no? If yes, describe below and identify name of physician or hospital used for treatment (*Human Resources will promptly notify, upon receipt of this report, any injured employee of their rights to file for Worker's Compensation Benefits*):

Please Use Additional Pages If Necessary

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Narrative Description of Incident (*Please include names of all individuals/parties involved and a narrative of what occurred)*:

Recommended CPCS Disposition (*how you propose to handle the incident, any next steps required, or likely outcomes)*:

E. Supervisor/Manager Submitting Report (PRINTED): _____

Signature of Supervisor/Manager Submitting Report: _____

Date of Report: _____ Date forwarded to Division Head: _____

Date Forwarded to Human Resources: _____ Date Received: _____

NOTE: Immediately following the incident, notify the managing director or Division Head. They will notify Human Resources. Incident Forms must be completed and submitted to HR by email within 48 Hours of the incident.

Please Use Additional Pages If Necessary