INCIDENT REPORT SUPPLEMENT

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Report Dated:	
Reporting Staff:	

Description of Incident:

Signature Of Reporting Employee

DISTRIBUTION: ORIGINAL TO MANAGING OFFICER (Check appropriate distribution below)

- ☐ Operations
- ☐ Administration
- ☐ Special Services
- ☐ Department Head _____
- ☐ Record Officer
- ☐ Personnel Office
- ☐ Medical
- ☐ Administration Assistant
- ☐ Investigator
- ☐ Health & Safety
- ☐ EEO