

American Legion Auxiliary Incident Reporting Form

Use this form to report any workplace accident, incident, or citizen concern/complaint
Return completed form to the Department President or Finance Chairman

This is documenting a/an:

Person Related Incident

Safety Related Incident

Person Completing Report: _____ Date: _____

Person(s) Involved: _____

Date of Event: _____ Time of Event: _____

Location of Event: _____

Witnesses: _____

Description of Events (Describe sequence of events):

*If more space is required please use the back of this sheet

Was event caused by an unsafe act (activity or movement) or an unsafe condition (machinery or weather)? Please explain:

Signature of Person Completing Report: _____ Date: _____

Signature of Witness: _____ Date: _____

Signature of Witness: _____ Date: _____