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: ___________________________