

Incident Report



OKPOLICY.ORG
Oklahoma Policy Institute

OK Policy encourages you to resolve any problem or issue informally with the individuals involved. However, if you have a concern or experience a problem that affects you or your fellow team members, we ask that you complete this form and return it to Director of Operations, amancuso@okpolicy.org, within five (5) working days after the incident or problem occurred. The organization will then provide you with a written response to your issue.

Team Member Information

Name of Team Member claiming incident: _____

Team Member's Job Title: _____

Incident Information

Date/Time of Incident: _____

Location of Incident: _____

Description of Incident:

Witnesses to Incident: _____

Witness contact information: _____

In your opinion, was this problem / incident in violation of a company policy? Yes / No

If yes, specify which policy and how the incident violated it.

What ideas do you have for remedying the situation?

Is there any other information you feel is relevant to this situation?

Signature of individual preparing report

Date