



## **Incident Statement Form**

## STRICTLY CONFIDENTIAL

Date:	Project/Location:
Complainant's Name:	Position/Trade Classification:
Name(s) of Supervision:	Position Held:
Respondent's Name:	Date & Time of Incident:

**Description of the incident** – PLEASE PRINT - be detailed, use back of form if necessary:

Employee's Name (Please Print)	Signature	Date
Employer Representative (Please Print)	Signature	Date

cc: Organization/Employee/Employee file

This form is for example purposes only. Completing this form alone will not necessarily put you in compliance with the legislation. It is important and necessary that you customize this document to meet the unique circumstances of your worksite. Further, it is essential that this document is not only complete, but is used, communicated, and implemented in accordance with the legislation. The COAA, its members, affiliates, employees or agents will not be liable to you for any damages, direct or indirect, arising out of your use of this form.