



INCIDENT REPORT FORM

Together Oklahoma (TOK) 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.

Reporting Individual's Information

Name of individual reporting the incident: _____

Reporting individual's position: _____

Reporting individual's contact information: _____

Incident Information

Date/Time of Incident: _____

Location of Incident: _____

Where the police/security personnel notified? Yes No

Description of Incident (*How the incident happened, factors leading up to the event, and what took place. Be as specific as possible. Can include additional attachments as needed*):

Witnesses to Incident: _____

Witness contact information: _____

In your opinion, was this problem / incident in violation of a TOK 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

Signature of individual receiving the report

Date