



## 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 our Operations Manager, [ahasty@okpolicy.org](mailto:ahasty@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