

LAKELAND SECURITY SERVICES – INCIDENT REPORT FORM

I. EMPLOYEE INFORMATION																		
Employee Name:	DOB:	SIN#:																
Home Address:																		
Home Phone #:	Work Phone #:	Gender M F																
Job Title:	Status: perm/temp ft/pt	Supervisor:																
Will the employee miss time from work because of this incident? Yes/No _____																		
II. INCIDENT INFORMATION																		
Date:	Time:	Location:	Police Notified? Yes/No Case #															
Describe Incident: <i>(Be as specific as possible.)</i>																		
Continue on back of this form, if necessary.																		
Was there an injury? Yes/No If Yes, Describe Injury:																		
Continue on back of this form, if necessary.																		
Medical Treatment Provided:																		
<input type="checkbox"/> None <input type="checkbox"/> First Aid <input type="checkbox"/> Refused Medical Treatment <input type="checkbox"/> ER <input type="checkbox"/> Walk-In Clinic <input type="checkbox"/> _____																		
Witness Name:	Title:	Phone#:																
Witness Name:	Title:	Phone#:																
III. REPORT INFORMATION																		
Report completed by:	Title:	Date:																
Signature:	Contact Phone #:																	
IV Distribution																		
<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="padding: 5px;">Report</th> <th style="padding: 5px;">Distribution</th> <th style="padding: 5px;">Timeline</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">Original</td> <td style="padding: 5px;"><i>Employee Supervisor</i></td> <td style="padding: 5px;"><i>1 Business Day</i></td> </tr> <tr> <td style="padding: 5px;">Copy</td> <td style="padding: 5px;"><i>Employee</i></td> <td style="padding: 5px;"><i>1 Business Day</i></td> </tr> <tr> <td style="padding: 5px;">Copy</td> <td style="padding: 5px;"><i>Risk Management</i></td> <td style="padding: 5px;"><i>2 Business Days</i></td> </tr> <tr> <td style="padding: 5px;">Copy</td> <td style="padding: 5px;"><i>HR Department</i></td> <td style="padding: 5px;"><i>2 Business Days</i></td> </tr> </tbody> </table>				Report	Distribution	Timeline	Original	<i>Employee Supervisor</i>	<i>1 Business Day</i>	Copy	<i>Employee</i>	<i>1 Business Day</i>	Copy	<i>Risk Management</i>	<i>2 Business Days</i>	Copy	<i>HR Department</i>	<i>2 Business Days</i>
Report	Distribution	Timeline																
Original	<i>Employee Supervisor</i>	<i>1 Business Day</i>																
Copy	<i>Employee</i>	<i>1 Business Day</i>																
Copy	<i>Risk Management</i>	<i>2 Business Days</i>																
Copy	<i>HR Department</i>	<i>2 Business Days</i>																