

Incident Report

Date:



Form Instructions:

- All information on this form must be completed.
- Incidents must be addressed with employee.
- Supervisor leader should review with appropriate manager. Employee and a Supervisor and/or manager's signature must be on form when submitted, otherwise the form will be returned.
- This form and all back-up documentation should be sent to the Human Resources Department.

Casto Travel Management
2560 North First Street, Suite 150
San Jose, CA 95131
P: 408.984.7000 | F: 408.984.7007
www.casto.com

Employee Information

Employee Name:

Employee Sign:

Branch:

Record Locator:

Passenger Name:

Amount:

Amount of Payout:

FOP to Credit:

Fill in the first 4 Digits of the CC# in the fields below

CC# last 12 digits

Check Mailing
Address:

Name:

Incident Detail

Explain
incident,
resolution,
and any
follow-up
needed:

Indicate
Action
Taken (e.g..
warning,
suspension,
etc.):

Employee Comments

Employee Signature:

Supervisor Signature:

Manager Signature:

HR Manager Signature:

Sent to Accounting