



UAW LOCAL 6000
STATE OF MICHIGAN EMPLOYEES

INCIDENT REPORT

Please take a few minutes to complete this form and return it to your worksite Health & Safety Representative or Steward. Also, give a copy to management. This information will help the Union to accurately record the incidents that occur and enable the Union to follow up with management regarding the problem. It is crucial to respond quickly to incidents, effectively resolve the situation and prevent the event from reoccurring.

File an Incident report on the occasion of any physical, environmental or psychological event that occurs. An "event" is defined as any type of incident, accident, or perceived threat that has the potential to harm life or well-being and causes extreme stress, fear or injury to the person experiencing or witnessing the event.

If you have any questions please contact Nicole Jones, UAW Local 6000 Health & Safety Representative at P.O. Box 40720, Lansing, MI 48906 or 1-800-243-1985 or njones@uawlocal6000.org

Date of incident: _____ Time of incident: _____ A.M/P.M.

Your Name: _____

Names of other affected workers or witnesses: _____

Department / Unit : _____ Supervisor's Name: _____

Work location: _____ Wk Phone: _____ Home phone: _____

Work Email _____ Home Email _____

INCIDENT INFORMATION:

At the time of the incident were you engaged in an activity in the scope of your job description? Yes No

Did the incident occur at your work location? Yes No If no, then where? _____

Was it during regular work hours? Yes No Description of incident: _____

Any Injuries? Yes No if yes, Extent of injuries: _____

Was medical treatment sought? Yes No If yes, where? _____ Were you hospitalized? Yes No

Did you lose any workdays? Yes No if yes, How many days? _____

Have you applied for Workers Comp as a result of the incident? Yes No

Was this incident an assault? If yes, please answer the following questions:

Was the person who assaulted you a: Supervisor Co-worker Client Patient Prisoner Other: _____

Were you singled out, or was the assault directed at more than one individual? _____

Did you file an Incident Report with management? Yes No

Did management follow zero tolerance protocol? Yes No

Were the Police notified? Yes No

Was the assailant arrested? Yes No

Please describe the incident in detail, use the back of this page if necessary:

I have read and reviewed the statements that are contained on this form and to my knowledge they are complete and accurate.

Signature: _____

Date: _____