Allegany County Government

Employee Incident Report

This form is to be completed in triplicate. Retain one copy, forward one copy to the Human Resources and Personnel Services Director, and give one to the employee.

Employee: _____ **Department**: _____

Date, Time, Location of Incident: _____

_____

Description of Incident:
(Please use reverse side if necessary)

_____
_____
_____
_____
_____
_____

Corrective Action:

☐ Counseling ☐ Verbal Warning ☐ Written Warning ☐ Suspension
☐ 1 Day ☐ 3 Day ☐ 5 Day ☐ 10 Day
☐ Termination - To be recommended to Appointing Authority

Comments:

_____
_____
_____
_____
_____

Employee Remarks: *(Check One)* ☐ Concur ☐ Disagree (State Reason)

_____
_____
_____
_____
_____

Incident Report Signed and Dated by:

_____ _____ _____
Employee Immediate Supervisor Department Head