



EMPLOYEE ABUSE REPORT FORM

This form is to be filled out by employees who are abused on the job.

Name: _____

Location: _____

Position Held: _____

Date of Incident: _____ Time: _____

Site of Incident: _____

Type of Abuse: Verbal _____ Property _____ Physical _____

1. Describe incident: _____

2. Immediate action taken: _____

3. Injury or property loss: _____

Date of Report

Signature of Employee

Supervisor's comments: _____

Signature of Supervisor

Send a copy of this form to: Immediate Supervisor
Director of Human Resources at the Administration Offices

(Please keep a copy for your records)