

# American Legion Incident Reporting Form

Use this form to report any workplace accident, incident, or citizen concern/complaint.

Return completed form to the Judge Advocate, Commander or Jr. Vice Commander, SQ.

This document is a...

Person Related Incident

Safety Related Incident

Person Completing Report: \_\_\_\_\_ Date: \_\_\_\_\_

Person(s) Involved: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Time of Event: \_\_\_\_\_

Location of Event: \_\_\_\_\_

Witnesses: \_\_\_\_\_

Description of Events (Describe sequence of events):

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\*If more space is required please use the back of this sheet

Was event caused by an unsafe act (activity or movement) or an unsafe condition (machinery or weather)? Please explain:

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Signature of Person Completing Report: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_