INCIDENT REPORT

KERN COUNTY SHERIFF'S OFFICE WORK RELEASE PROGRAM

Worker's Name: _____ WRP# _____

Worksite#_____ Agency: _____

Worksite Supervisor's Name: _____

_____

Type of Incident: (Circle all that apply)

Injury Insubordination Early Departure Refusal Poor Work Performance

Failure to Obey Program Rules Influence of Alcohol/ Drugs

Other: _____

Date/Time of Incident: _____

Location of Incident _____

Witnesses: (Give name, address, etc. If program Worker use WRP#)

_____

_____

_____

Description of Incident: (Give complete detailed account of incident. Describe any injury)

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_____

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_____

_____

Action Taken By Worksite Supervisor: (Describe action taken. If no action taken, state "NONE")

_____

_____

_____

_____

I certify that the above stated information is true & correct to the best of my knowledge:

_____ Date: _____

(Signature of Worksite Supervisor)

Action Taken By Work Release Staff: (WRP use only)

_____

_____

_____

_____

Officer: _____ Badge# _____ Date: _____