

ADEA Incident Report

The following document is a record of a complaint of incidence in the workplace. It may be filled out by the administrator hearing the complaint and then signed by the person giving the statement. If additional room is needed or statement notes are typed, attach additional pages.

Name _____
First Middle Last

Position/Title _____

Date of Hire _____

Name of Alleged Offender _____
First Middle Last

Position/Title _____

List the name(s) of the individual(s) involved in the alleged incident.

Name _____
First Middle Last

Name _____
First Middle Last

Name _____
First Middle Last

List the names of anyone who may have witnessed the alleged incident and/or has knowledge of the events took place.

Name _____
First Middle Last

Name _____
First Middle Last

Name _____
First Middle Last

List the names of anyone that may have experienced the same alleged incident.

Name _____
First Middle Last

Name _____
First Middle Last

Name _____
First Middle Last

Please describe the incidence which took place. Include as many details as possible including dates and places where the alleged acts occurred.

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Name _____

First Middle Last

Result _____

Signature _____ Date _____