

# 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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