



PINAL COUNTY

INCIDENT / EVENT REPORT

USE THIS FORM TO REPORT THEFT, VANDALISM, SLIP AND FALLS OR OTHER NON-MECHANICAL INCIDENTS TO COUNTY OR PUBLIC. DO NOT USE FOR MOTOR VEHICLE ACCIDENTS. REPORT THE INCIDENT TO YOUR SUPERVISOR.

COMPLETE THE FORM WITHIN 24 HOURS. SUBMIT TO: riskmgmt@pinal.gov

For assistance, call Risk Management at 520-866-6236.

EMPLOYEE AND DEPARTMENT INFORMATION

NAME OF EMPLOYEE MAKING REPORT:	TITLE:	DATE AND TIME:
DEPARTMENT:	BUILDING ADDRESS:	TELEPHONE NUMBER:

INCIDENT/EVENT INFORMATION

TYPE OF INCIDENT/EVENT:			
REPORTED TO THE POLICE: <input type="checkbox"/> YES <input type="checkbox"/> NO	OFFICER'S NAME AND BADGE NUMBER:		
NAME OF POLICE AGENCY:	REPORT NUMBER:	TELEPHONE NUMBER:	
INCIDENT/EVENT DESCRIPTION:			
PROPERTY DAMAGE/LOSS DESCRIPTION:			
INDIVIDUAL INVOLVED:	TELEPHONE NUMBER:	ESTIMATED LOSS AMOUNT:	
INDIVIDUAL'S INVOLVED ADDRESS CITY, STATE & ZIP CODE:			
WITNESSES NAME, ADDRESS, AND CONTACT INFORMATION:			
EMPLOYEE SIGNATURE:	DATE:	SUPERVISOR SIGNATURE:	DATE: