

# INTERFAITH HUNGER

L O S A N G E L E S

# HUNGER

NUTRITION & EMPOWERMENT PROGRAM

## INCIDENT REPORT

Name \_\_\_\_\_ Team/Supervisor \_\_\_\_\_

Report written by \_\_\_\_\_ Date \_\_\_\_\_

### INCIDENT TYPE

WORK:  Behavior  Attendance  Other \_\_\_\_\_

EDUCATION:  Behavior  Attendance  Other \_\_\_\_\_

Date of incident \_\_\_\_\_

Explain details of incident:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reference to Corpsmember Policy Handbook: \_\_\_\_\_

Recommendations for Improvement/Contract Terms: \_\_\_\_\_

**SAMPLE**

### ACTION (Supervisor check one)

Written Warning Only

On-Contract; from \_\_\_\_\_ to \_\_\_\_\_

Job-Holding Workshop; dates: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

Job-Holding class begins at **8:00** am SHARP Friday mornings.

Corpsmember must attend three consecutive sessions.

Missing Job-Holding Workshop may result in suspension or termination.

Corpsmembers on contract are not eligible for Leave of Absence, promotion or transfer

Suspension; from \_\_\_\_\_ to \_\_\_\_\_

### CORPSMEMBER (Check one)

I have read and understand the details of this report and I agree with what is written here.

I have read this report and I disagree with the details and/or action recommended. I will submit appropriate appeal paperwork within the next three working days to the coordinator who signed this report.

Corpsmember Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by Supervisor : \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

Job-Holding Workshop dates attended: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_