

Marchese Ford of Mechanicville Employee Incident Reporting Form

Employee _____ Date _____

Supervisor _____

Previous Warnings	Oral	Written	Date	By Whom
1 st Warning				
2 nd Warning				
3 rd Warning				

Employer Statement

Employee Statement

Date of incident ____/____/____ Time _____

I ____ agree ____ disagree with Employer's statement.

The reasons are:

_____/____/____
Employee Signature Date

Action to be taken:

Warning _____ Suspension _____ Dismissal _____

Other _____

Consequences should incident occur again _____

I have read this warning and understand it.

Employee _____ Date _____

Supervisor _____ Date _____