

UAW Local 2322 Incident Report Form



Shop Name: _____ Site/Unit: _____

Date of Occurrence: ____/____/____ Shift: _____ Time: _____ a.m. p.m.

Supervisor: _____ # of Staff: _____ # of Clients: _____

Type of occurrence: Staffing/Ratio Payroll/Overtime Breaks/Time-off Other

Describe what happened?

Who was present or saw what happened?

What did you do?

I reported it to: _____ at (*what time?*) _____

Did you work through your break or beyond your shift due to this incident? yes no

Did you put in for additional time on your paycheck? yes no

How much time? _____ Payroll form date: ____/____/____

Reported by: _____

Your contact info: _____

Your phone number and best time to call: _____

*** PLEASE GIVE COPY TO YOUR UAW STEWARD ***

Send a copy to your Servicing Representative
(fax) 413.534.7611 or (mail) 4 Open Square Way, Suite 406 Holyoke, MA 01040