

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