



Non-Injury Employment Incidents Standard Liability Incident Report

OMES RISK MGMT P.O. BOX 53364

OKLAHOMA CITY, OKLAHOMA 73152

TEL: 405-521-4999 (24h), FAX: 405-522-4442

Claim number _____

Incident date _____ Time _____ Date of agency notification _____

Claim form requested? Yes No

Location

_____ Address/highway _____ City _____ State _____ County _____

Employee Information

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Email address _____

Agency Information

Agency name _____ Agency # _____ Phone _____

Div. or dept. _____ Address _____

Type of Issue

- Termination Sexual harassment Constitutional rights Civil rights Failure to promote
 Discrimination of _____ Misrepresentation Other _____

Describe incident, include any co-workers involved

Witnesses

Name _____ Address _____ Phone _____

Attach supporting documentation: PMPs, Progressive Discipline, EEOC, court documents, emails, etc.

_____ Risk coordinator signature _____ Risk coordinator printed name _____ Date _____

_____ Email _____ Phone number _____