

## 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		
ncident date Time _		Date of agency notification		
Claim form requested?	Yes 🗌 No			
_ocation				
A 1 1 4 1 1		0.11		2
Address/highway	/	City	State	County
Employee Information			Dhana	
		Cit.		7:-
		City	State	Zip
Email address				
A manay Information				
Agency Information		٨	gency# Dha	nne.
	Agency # Phone Address			
	Audiess			
Type of Issue ☐ Termination ☐ Sexual ha	orocomont D Co	anatitutianal righta	Civil rights	l Failura ta promoto
☐ Termination ☐ Sexual hat ☐ Discrimination of		onstitutional rights  Misrepresentation	☐ Civil rights ☐ ☐ Other	railure to promote
Describe incident, include any		<u> </u>		
<u>Witnesses</u>				
Name	Address			Phone
				-
Attach supporting documenta	n <b>tion:</b> PMPs, Progres	ssive Discipline, EEOC,	court documents, em	ails, etc.
Risk coordinator signature		Risk coordinator printed name		Date
Email		Phone number		-