

Hennepin County Volunteer Incident Report Form



Volunteer's first name

Volunteer's last name

Department

Supervisor's name

Supervisor's phone

Date and time of incident

MM/DD/YYYY

HH:MM

AM/PM

Location of incident

Type of incident

If other please specify

Brief description
of the incident

Supervisor of volunteer: Please immediately send completed form to Debra Bernard via email or interoffice mail (MC-200).