



RECORD THE FACTS

WHO, WHAT, WHERE & WHEN

IN THE EVENT YOU BELIEVE THAT MANAGEMENT PERSONNEL VIOLATED THE FEDERAL LAW IN ANY WAY. PLEASE COMPLETE THIS FORM AND RETURN IT TO YOUR IAM REPRESENTATIVE WITHOUT HESITATION. WHEN COMPLETING THIS FORM, PLEASE BE AS SPECIFIC AS POSSIBLE ABOUT THE INCIDENT INCLUDING DIRECT QUOTES.

On or about _____, 19____, at _____, in or near _____
(Date) (Time) (Place incident occurred)
the following named management personnel _____
(Name and Title)

were involved in the below described incident:

The incident was also witnessed by: _____

Name (Please sign): _____

Address: _____

Date of Statement: _____
