SECURITY INCIDENT REPORT

Instructions: The Center Operator or Regional Manager must complete this form when an incident occurs in the SC Works center. This form must be filled out and submitted as soon as possible, but no later than 24 hours after the date of the incident, by email to lncidentReport@dew.sc.gov and copied to the appropriate partner agency manager if partner staff is involved. If additional space is needed, please attach a separate sheet of paper.

Incident Information

DATE	TIME	LOCATION			COST CENTER (if applicable)		
NAME			CIRCLE ONE: Employee	Custo	mer Vendor		
			Visitor	Partner	Other		
NAME OF PARENT/GUARDIAN (IF MINOR)			DATE OF BIRTH		PHONE NUMBER		
ADDRESS			EMAIL ADDRESS				
LIST TYPE OF INCIDENT OR INJURY, DESCRIBING AS MANY DETAILS AS POSSIBLE (use additional pages if necessary)							
WAS THE INCIDENT ALCOHO	YES		NO				
DESCRIBE BODY PART(S) AFFECTED, IF APPLICABLE. INCLUDE DESCRIPTION OF INJURY BY INJURED PARTY (use additional pages if necessary)							
DID THE INJURED PARTY REF	USE TO GIVE A STATEMENT	T? (circle one)	YES		NO		
DID THE INDIVIDUAL RECEIVE IF YES, MEDICAL PROVIDERS NAM			_				
MEDICAL TREATMENT? (circ	•	L PROVIDERS NA	VIE AND ADDRESS				
YES NO							
				1			
WAS LAW ENFORCEMENT NOTIFIED? (circle one)	YES	NO	WAS HOUSEKEEPING NOTIFIED? (circle one)		YES NO		
HOW WAS THE INCIDENT RE	SOLVED? (use additional pa	ages if necessary)	`	,			
REPORT COMPLETED BY			l D	ATE			
ALI ONI COMPLETED DI				A. L			
SUPERVISOR ON DUTY			D	ATE			

Witness Information

NAME	ADDRESS		PHONE NUMBER				
CAUSE OF INCIDENT ACCORDING TO WITNESS		IS WITNESS RELATED TO AN INJURED PARTY? EXPLAIN					
WITNESS STATEMENT							
MUTAISS DEFLICES TO ONE STATE	AATAIT (chalanana)	VEC	NO.				
WITNESS REFUSES TO GIVE STATEMENT (circle one)		YES	NO				
COMPLETED BY		DATE					
Witness Information							
NAME	ADDRESS		PHONE NUMBER				
CAUSE OF INCIDENT ACCORDING	TO WITNESS	IS WITNESS RELATED TO AN INJURED PARTY? EXPLAIN					
WITNESS STATEMENT							
WITNESS REFLISES TO GIVE STATE	MENT (circle one)	YES	NO				
WITNESS REFUSES TO GIVE STATEMENT (circle one)			NO				
COMPLETED BY		DATE					
	_						
	Witness Ir	nformation					
NAME	ADDRESS		PHONE NUMBER				
CAUSE OF INCIDENT ACCORDING	TO WITNESS	IS WITNESS RELATED TO AN INJURED PARTY? EXPLAIN					
WITNESS STATEMENT							
WITNESS REFLISES TO GIVE STATE	MENT (circle one)	YES	NO				
WITNESS REFUSES TO GIVE STATEMENT (circle one)		DATE	1.0				
COMPLETED BY		DAIE					