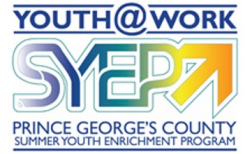


Incident Report

Prince George's County Government
Summer Youth Enrichment Program (SYEP)



This report is to be completed by the Worksite Supervisor or SYEP participant within 24 hours of the incident.

Instructions

If an **emergency** incident occurs, please follow the procedures below:

- Call 9-1-1 for medical emergencies.
- Notify the youth's parent/guardian or emergency contact.
- Call the SYEP Hot Line at 301-883-6200 as an emergency
- Complete an incident report and attach a copy to the SYEP Program Manager.

For **non-emergency** incidents, please complete this report and submit it to:

Office of Human Resources Management, 1400 McCormick Drive, Suite 159, Largo, MD 20774

Harassment Complaints

Note: Prince George's County SYEP youth are protected from any kind of discrimination on the job, including sexual harassment, gender identity and expression discrimination, other forms of harassment, and a hostile work environment. We are committed to promptly responding to claims of such harassment and taking appropriate action in response when the facts show that harassment has occurred. In order that we may respond to your concern, please complete the form below.

Date of Report:

Worksite Name and Address:

Name of Reporting Person:

Title of Reporting Person:

Incident Type

Please select the incident type:

- ☐ **Workplace injury** – an injury that occurred at a worksite or during a work shift.
- ☐ **Non-workplace injury** – an injury that occurred offsite and during non-working hours.
- ☐ **Harassment / Hostile work environment** – an incident involving offensive conduct (e.g., physical assaults, threats, bullying, intimidation, insults, offensive photographs or videos, etc.)
- ☐ **Other** (please specify):



Office of Human Resources Management

1400 McCormick Drive

Largo, MD 20774

301-883-6330

See reverse to complete page 2.

Description

Please provide the details of the incident (*i.e.*, facts only):

Witnesses

Please provide full name, position title, and organization of each witness.

Name:	Title:	Organization:
Name:	Title:	Organization:
Name:	Title:	Organization:
Name:	Title:	Organization:

Resulting Action

Please provide a summary of the action taken, planned or recommended:

SYEP Participant Name: _____

Reporting Supervisor Name: _____

Date: _____

Reporting Supervisor Signature: _____