Center for Social Change, Inc.

Employee Statement

Address: _____ **Coordinator**: _____

Date of Incident: _____ **Time of Incident**: _____

Please print your statement below. Use only **Initials** when identifying an individual and be specific.

Employee Name(Print)		**Date**	
Employee Signature		**Time**	
PC Signature		**Date**	
PM Signature		**Date**	