Fort Lewis College
Significant Incident Form

Instructions: Complete form to describe significant incidents that may affect employee performance ratings. The incidents may be positive or negative.

_____ _____ _____

Employee Name Supervisor Name Date of Incident

Description of Incident: Attach separate page, if necessary.

Source of Information: Personal Observation _____ Document _____ Other_____

Conversation with (Name) _____

Comments:

Action Taken: Attach copies of memos, forms or other documentation.

Follow-Up Action Taken: