City of Kalispell

Supervisor's Follow-up
Injury/Illness &/or Incident report

Date & Time of Injury/Incident:	Department(s) Involved: _____	Date reviewed by Supervisor:
Employee(s) Involved (If applicable):		
Brief description of Incident:		
Supervisor's Comments, Corrective Actions & Signature _____ Signature of Supervisor		
Department Head's Comments & Signature: _____ Signature of Director/Chief		
Additional Comments:		

NOTE: ONCE COMPLETED, FORWARD ORIGINAL TO HUMAN RESOURCES ALONG WITH ANY SUPPORTING DOCUMENTATION