

# UFMDC INCIDENT REPORT

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Campus: \_\_\_\_\_ Dept: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Day Phone: \_\_\_\_\_

If there are incidents/events/issues that you believe should be brought to the leadership's attention, forward this report. Thank you for helping us defend our profession and the college.

A. Describe the incident that has caused you concern:

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B. What actions, if any, have you taken regarding this incident:

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C. What actions have your managers taken regarding this incident:

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PLEASE FILL OUT AND RETURN TO:  
UFMDC - ATTN: Mark Richard  
9740 SW 72<sup>nd</sup> Avenue, Miami, FL 33156

NOTE: This form is not a substitute for the filing of a grievance. If you believe this incident constitutes a violation of our contract, file a grievance to protect your time limits (within 20 days of incident or first knowledge of incident).