

# USI Risk Management Office Self-Disclosure Form

Employee/Student Name:

Department:

Job Title:

Traffic Accident  Alcohol/Drugs

Other\_\_\_\_\_

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Disclosure Date:

Incident Date:

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Attachments:

	<b>Date/Time:</b>
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**Final Action Taken:**

Refer to HR

Refer to DOSO

Review Only     Counseling

Disciplinary Action\_\_\_\_\_

RMDriver's File     Training