

Incident Report Form

To be completed by the employee, board member or visitor immediately following any incident that resulted in injury or property damage, and turned into the supervisor.

Employee Involved (Complete both boxes)	Customer/Visitor/Witness Involved
Name: Carl Hinds	Name: Claire Coleman Evans
Job title: Program Manager	Address:
Date of Birth: 02-08-1970	City, ST Zip:
Phone: (503) 265-9104	Phone: ()

The following sections should be completed for all incidents:

Date of incident: 1/27/2025	Approximate time of incident: 5:42 PM
Location of incident (be specific as to where, in what room or part of the property, etc): Email with Darlene, D4C BoD, and Kim Dixon (Civic Life) CC'ed	
<p>What happened, what was the cause of injury:</p> <p>Claire Coleman Evans emailed Darlene and I, with Kim Dixon from Civic Life and the D4C BoD CC'ed, accusing us of censorship because she does not have permission to send messages to the staff@districtfourcoalition.org group list. This list is not for public use and is there to facilitate communications across the D4C staff. No one other than D4C Staff can send to it.</p>	
<p>What is the nature of the injury/ property damage:</p> <p>Unprofessional and uninformed accusations directed at an employee by Claire to public officials and the entire BoD. It was humiliating.</p>	
<p>If injuries were involved, <input type="checkbox"/> Ambulance used, <input type="checkbox"/> Will seek medical attention, or</p> <p><input type="checkbox"/> Medical attention not being sought at this time. (Checking this box does not prevent future medical attention should you change your mind or condition worsens.)</p>	
<p>Were their witnesses? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No List names & phone # if other than employee:</p>	
Involved Party Signature: <i>Carl Hinds</i>	Date: 3/5/2025

Employer/Management Use only

Received By (PRINT):	Date:
Signature:	Manager Phone:
Company Name & Address:	