

Incident Report

Date/Time of Incident \_\_\_\_\_

Location of Occurrence \_\_\_\_\_

Corporate Plaza (circle one) - Bldg I      Bldg II

Description of Occurrence: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name, Address and phone number of Injured/Property Damage Party:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reported by: \_\_\_\_\_

Please return form via email or fax to:

[Dlis@Lee-Associates.com](mailto:Dlis@Lee-Associates.com)

216.920.4447