Employee Major Behavior / Incident Report

Employee:	Site Administrator:	Date
Description of Incident:		
Potential harm to campers, staff, or camp:		
Behavior correction needed:		
Action to be taken: O Verbal Warning O Written Warning O Dismissal O Other:	Other: (Please explain)	

By signing this document you acknowledge that you have read and understand the information contained, and are prepared to take corrective action.

Employee Date Site Administrator Dat

Upon completion, email a photo of this form to the employee, Site Administrator, and to hr@aiwcamp.com.