

USI Risk Management Office Self-Disclosure Form

Employee/Student Name:		Department:	Job Title:
Disclosure Category: <input type="checkbox"/> Traffic Citation/Moving Violation <input type="checkbox"/> Drivers License Suspension <input type="checkbox"/> Other _____		Major Offenses: <input type="checkbox"/> Traffic Accident-Bodily Injury <input type="checkbox"/> Traffic Accident-Fatality <input type="checkbox"/> Traffic Accident – Alcohol/Drugs <input type="checkbox"/> Other _____	
Disclosure Date:		Incident Date:	
Narrative Explanation (Be specific): <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			
Attachments:			
Risk Management:		Date/Time:	
Final Action Taken: <input type="checkbox"/> Review Only <input type="checkbox"/> Counseling <input type="checkbox"/> RM Driver's File <input type="checkbox"/> Training		<input type="checkbox"/> Refer to HR <input type="checkbox"/> Refer to DOSO <input type="checkbox"/> Disciplinary Action _____ <input type="checkbox"/> Other _____	