



**LIABILITY EVENT REPORT
TO SISC II
"CONFIDENTIAL"**

DISTRICT (INCLUDE POINT OF CONTACT, ADDRESS, TEL#) 	TODAY'S DATE DATE OF EVENT 	
Email: _____ 		
OCCURENCE LOCATION AND DESCRIPTION 		
INJURED		
NAME & ADDRESS, CITY, ST, ZIP 	HOME PHONE 	WORK PHONE
	DOB/AGE 	SEX
DESCRIBE INJURY OR DAMAGE TO PROPERTY (USE ADDITIONAL SHEETS AS NEEDED) 		
WITNESSES 	PHONE 	ADDRESS, CITY, ST, ZIP

Employee Signature	Date	Reviewing Supervisor Signature	Date
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This form can be emailed to sisc_pl@kern.org sent via Fax to (661) 636-4418
 Questions? Call Lilia Beck at (661) 636-4495