



Employment Practices Incident Form



Date/time: _____

Shift manager's name: _____

1. PROPERTY PROFILE

National Store # _____

Store Manager: _____

Owner Operator: _____

Address: _____

City: _____

State: _____

Zip: _____

Day Phone: _____

Evening Phone _____

Date of Incident: _____

Time of Incident: _____

am / pm _____

Witness: _____

Day Phone: _____

Evening Phone: _____

Address: _____

City: _____

State: _____

Zip: _____

2. INCIDENT DETAIL

Complaint Type: _____

Employee Name: _____

Job Title: _____

Date of Alleged Wrongful Act: _____

Date You Received Notice of Potential Incident: _____

Type of Potential Claim: Sexual Harassment / Wrongful Termination / Discrimination / Retaliation / Other (Specify): _____

**If Wrongful Termination; Did You Obtain Legal Advice Prior to Termination: Y / N _____

Estimated Loss in Dollars: _____

3. DESCRIPTION OF COMPLAINT

Incident Description: _____

4. REPORTING INSTRUCTIONS

Mail To: RSUI GROUP Inc., 945 East Paces Ferry Rd., Suite 1800, Atlanta, GA 30326-1160

Fax To: 404-231-3755 Attn: Claims Dept.

Email To: reportclaims@rsui.com

Phone: 212-980-9600

For Legal Advice Call The Employment Law Helpline: 877-376-4100