MANDAN, HIDATSA, ARIKARA NATION
HUMAN RESOURCE DEPARTMENT
Three Affiliated Tribes ~ Fort Berthold Indian Reservation
307 5th Ave, New Town, North Dakota 58763
Telephone 701.627.8149 Fax: 701.627.2960

TAT INCIDENT FORM

Person Filing Report: _____ _____.
Name Title/Department

Phone#: _____ Cell#: _____ Email:_____.

Date of Incident: __/__/____ Time: __: __ ☐AM ☐PM

Location: _____.

Name of Person(s) involved:

Name(s)/Title/Dept:	Work Phone/Cell#:	Email:

- Include only one incident per form. Additional pages may be used for the same incident. However, separate forms should be used for new incidents.

Describe the incident.

_____

_____

_____

_____

_____

Please provide witness(es) name(s), if any:

Name(s):	Phone/Cell#:	Email:

_____ _____
Signature Date

_____ _____
HR Representative Signature Date

Human Resources Department
Received Stamp

Rev. HR 1/2/24