

Emergency Assistance Form Template

NOTE:

This template has been put together as a guide. Please ensure you customize and include any relevant legal requirements for your region.

Emergency Assistance Form

Employee Information:

Full Name: _____

Employee ID: _____

Department: _____

Contact Number: _____

Email Address: _____

Employee Information:

Type of Incident (e.g. wildfire, flood): _____

Date of incident: _____

Location of incident: _____

Request for Assistance:

- Please outline the support you require:

Description of Impact:

- Briefly describe how you have been affected by the incident:

Supporting Documentation:

- Attach any relevant documentation (e.g., evacuation orders, expense receipts):
 Attached

Acknowledgment of Receipt:

I confirm that the information provided is accurate to the best of my knowledge.

Signature: _____

Date: _____

NOTE:

Please remove the following when using this form.



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