

Revere Police Department
Notice of Injury

Relieved of Duty Remained on Duty

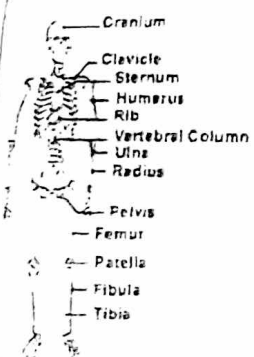
Individual's Name: Marc F Bicchieri
First Name Middle In. Last Name

Employee #: _____ Incident #: _____

Date of Injury: 6/13/17 Time of Injury: Weather Conditions: 2:00 Pm

Address Where Injury Occurred: 400 Revere Beach Pkwy

Indicate which Public Safety Department: (Check One) -> Police Fire



Nature of Injury:

Using the skeletal diagram, please indicate the approximate area of the body involved by placing a circle in the area involved.

Please describe fully how the injury occurred: (print legibly)

Upon filing A sexual harassment,
Bullying, & hostile work environment
complaint to am being further
harassed & intimidated by employ ^{ees,} &
^{Supervisors.}

Application for Indemnification of Medical Bills M.G.L. C. 41, S. 100 MB (Initial Here)

Application for Wage Continuation M.G.L. C. 41, S. 111F MB (Initial Here)

Names of Witnesses: Sgt. Giannino

Individual's Signature: Marc Bicchieri Date: 6-19-17

Supervisor's Signature: _____ Date: _____