

# Employee Incident Report

REPORTED BY: \_\_\_\_\_

DATE OF REPORT: \_\_\_\_\_

TITLE/ROLE: \_\_\_\_\_

INCIDENT NO.: \_\_\_\_\_

## EMPLOYEE INCIDENT INFORMATION

EMPLOYEE NAME: \_\_\_\_\_

EMPLOYEE TITLE/ROLE: \_\_\_\_\_

DATE OF INCIDENT: \_\_\_\_\_

TIME OF INCIDENT: \_\_\_\_\_

LOCATION: \_\_\_\_\_

SPECIFIC AREA OF LOCATION: \_\_\_\_\_

ADDITIONAL PERSON(S) INVOLVED: \_\_\_\_\_

WITNESSES: \_\_\_\_\_

### INCIDENT DESCRIPTION INCLUDING ANY EVENTS LEADING TO OR IMMEDIATELY FOLLOWING THE INCIDENT

\_\_\_\_\_

### EMPLOYEE EXPLANATION OF EVENTS/CIRCUMSTANCES

\_\_\_\_\_

### RESULTING ACTION EXECUTED, PLANNED, OR RECOMMENDED

\_\_\_\_\_

EMPLOYEE NAME: \_\_\_\_\_

EMPLOYEE SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

REPORTING STAFF NAME: \_\_\_\_\_

REPORTING STAFF SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

HR REP NAME: \_\_\_\_\_

HR REP SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_