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: _____