PRINTABLE INCIDENT REPORT TEMPLATE

Tap on this fillable and printable incident report template to file an HR complaint or report a safety or employee incident.

Consists of 2 pages

Available in:





[COMPANY NAME]

[TYPE OF INCIDENT] INCIDENT REPORT

Use this form to report incidents or accidents involving an employee. This report must be filed within 24 hours upon the occurrence of the incident.

Type of Report

☐ Initial ☐ Supplemental ☐ Final ☐ Other, please specify _____

Type of Incident

☐ Injury ☐ Dangerous Event ☐ Work-Related Illness ☐ Non-Work Related Illness ☐ Environmental ☐ Property Damage ☐ Near Miss

Contact at the Occurrence of the Incident

☐ Safety ☐ Security ☐ Facilities ☐ Other, please specify _____

Information About the Employee Involved in the Incident

Full Name							
Permanent Address							
Employee Status		No. of Years Employed		Phone Numbers	Mobile	Home	Work

Information About the Incident

Date of Incident	Time		Police Notified	☐ Yes	☐ No

Location of the Incident/Accident	Manager On-Site
[Location]	[Manager Name]

Description of the Incident (What happened, how it happened, when it happened, and who was/were involved). Be specific as much as possible.