

Employee Incident Report

_____	_____
Reported By	Title/Role
_____	_____
Date of Report	Incident Number

Employee Incident Information

Date of Incident: _____ Date of Type: _____

Employee Name: _____ Employee Role: _____

Location: _____

Street Address

City	State	ZIP Code
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Specific Area of Location (if applicable): _____

Incident Description (including any events leading to or immediately following the incident):

Employee Explanation of Events:

Resulting Action Executed, Planned, or Recommended:

Name/Role/Contact of Parties Involved:

1. _____
2. _____
3. _____

Name/Role/Contact of Witnesses:

1. _____
2. _____
3. _____

Was a police report filed?

- Yes
- No

_____ Employee Name	_____ Reporting Staff Name	_____ HR Rep. Name
_____ Employee Signature	_____ Reporting Staff Signature	_____ HR Rep. Signature
_____ Date	_____ Date	_____ Date